

Name
in
Full

Margaret Baker

CERTIFICATE OF DEATH

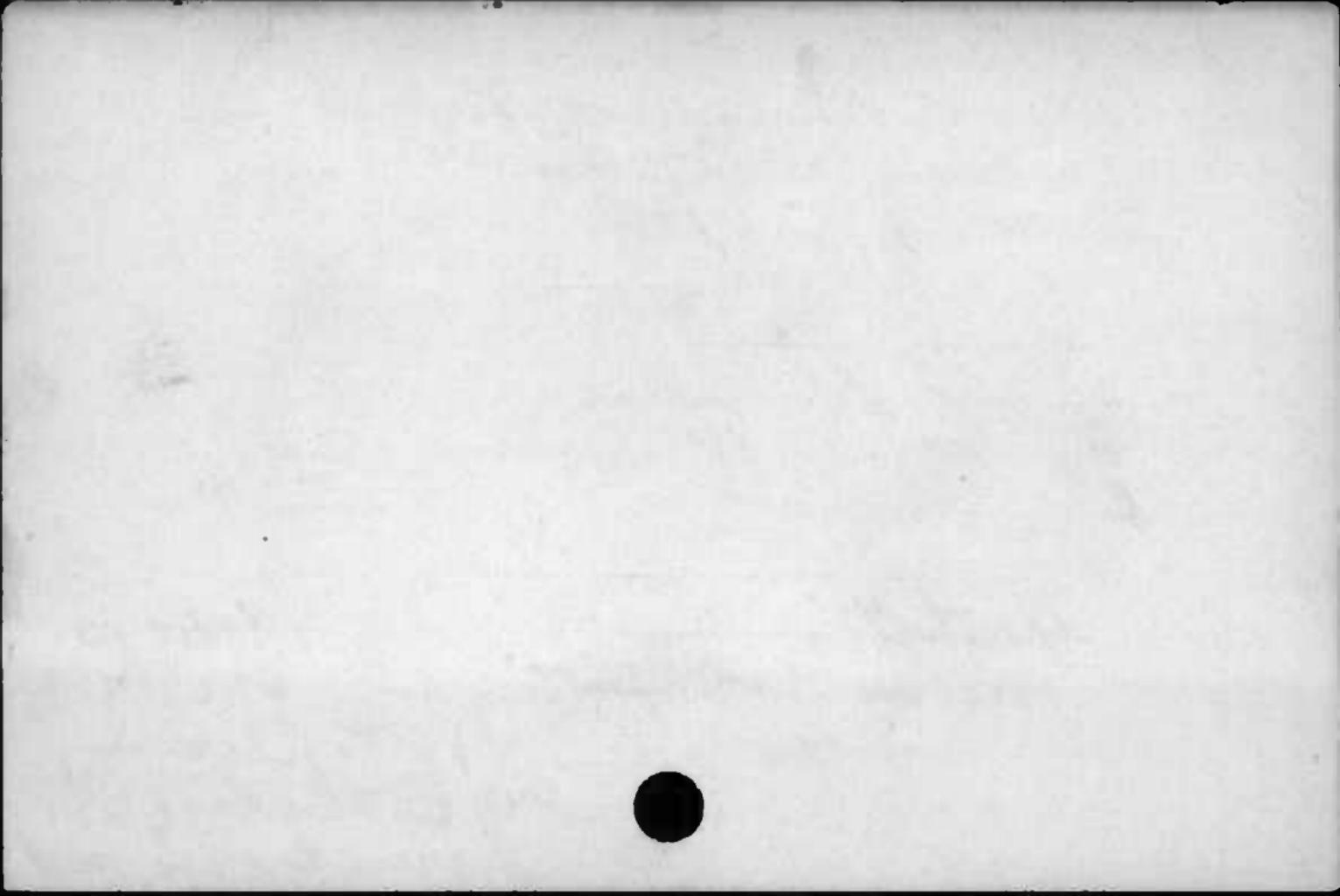
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Brooklyn East Annapolis	Anne Arundel Co	Months	Days	
Date of death	1906 Mar. 27	Age 2 days & 10 hrs			
Sex	female	Color or Race	white	Birth-place	Brooklyn
Occupation	none	Where Residing if not at place of death	East & Annapolis		
Married, Single or Widowed		Name of Wife or Husband	Baker		
Father's Name	Alfred Baker	Father's Birthplace	Baltimore		
Mother's Maiden Name	Rachel Sloneck	Mother's Birthplace	Baltimore		
Name of person giving Information	Alfred Baker	How related to deceased	father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cyanosis neonatorum (5)	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	N.B. Burch M.D. Mayfield Carrollton	



Name
in
Full

Allie Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Josip Brown	Father's Birthplace	Annapolis
Mother's Maiden Name	Lizzie Walker	Mother's Birthplace	Washington
Name of person giving information	Father	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis

(D)

How long

10 days.

Immediate

incessant vomiting

How long

One week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. O. Kress
60 Cathedral St.
Annapolis Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

George W. Brown.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Annapolis Anne Arundel 9th dist. A.A.C.

Male Colored 86 9 —

Labourer Sophia Brown

Married

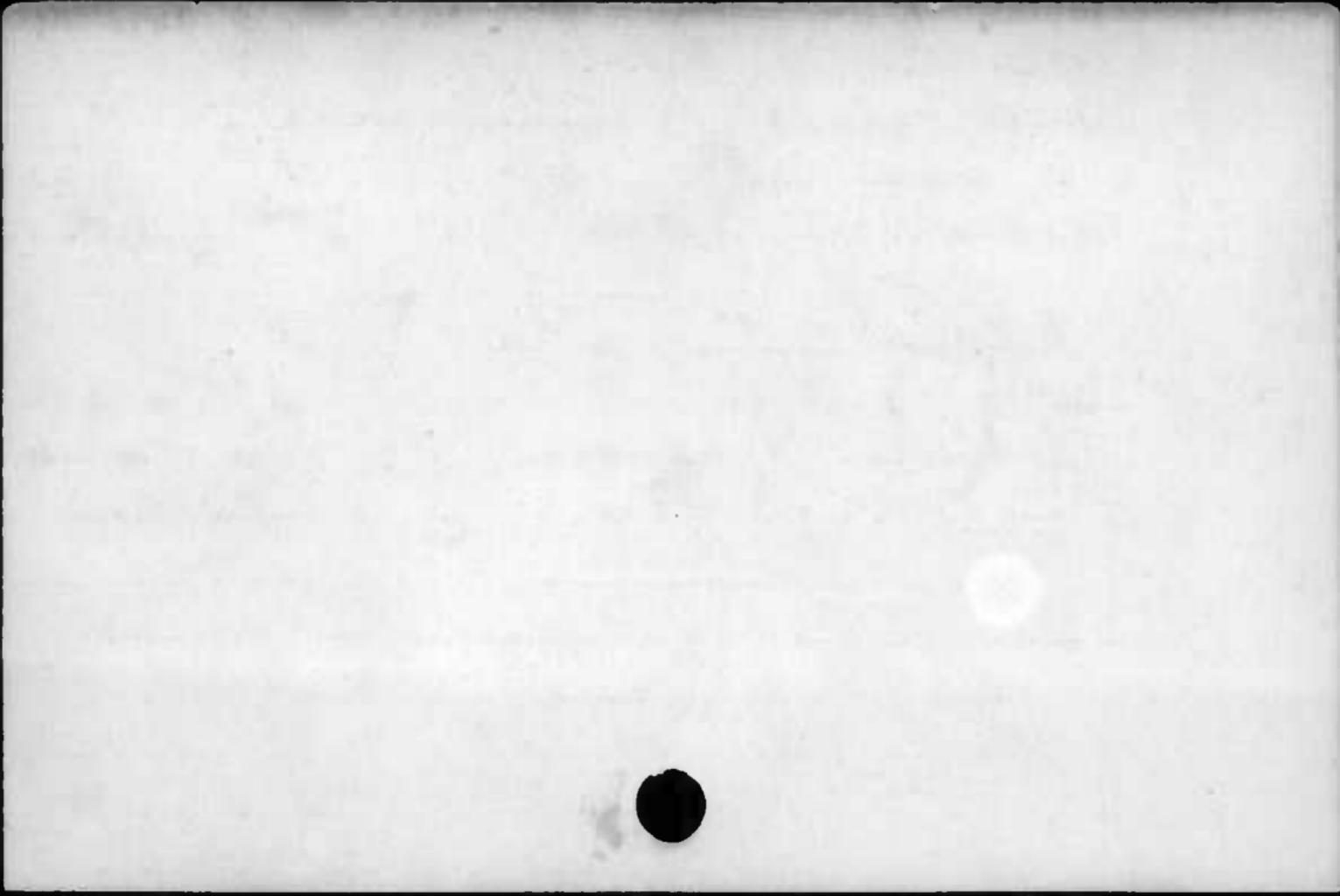
Arie Allen

John A. Jacobs

Colored Son-in-Law

CAUSES OF DEATH

Primary	Senility	154	How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	gradual
yes		Address	John Ridgely Annapolis Md.
Accident or Suicide?			



Name
in
Full

Arthur W. Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day th	Years	Months	Days
Sex	Male	Color or Race	Age	6	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Wm Butler		Father's Birthplace	3d's. a. a. Co	
Mother's Maiden Name	Kate Johnson		Mother's Birthplace	a a a	
Name of person giving information	Wm Butler		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilitic	⑨	How long
Immediate			5 days
Are the name, age, sex, color, date and place correctly given above?	J.W.	Signature of Physician	Dr. Richard M. D.
		Address	St. Marys
Accident or Suicide?			Anne Arundel Co.



Name
in
Full

James Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Anne Arundel County			MARYLAND
Died at Annapolis	Month Mar.	Day 11 th	Years Age 49	Months 6 Days
Date of death 1906	Sex Male	Color or Race White	Birth-place Annapolis	
Occupation Waterman	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name James Campbell	Father's Birthplace Annapolis			
Mother's Maiden Name Neary Mulvaney	Mother's Birthplace Annapolis			
Name of person giving information Deny Campbell	How related to deceased Brother			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

La Grippe

(10)

How long

2 weeks

Immediate

Heart Disease

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

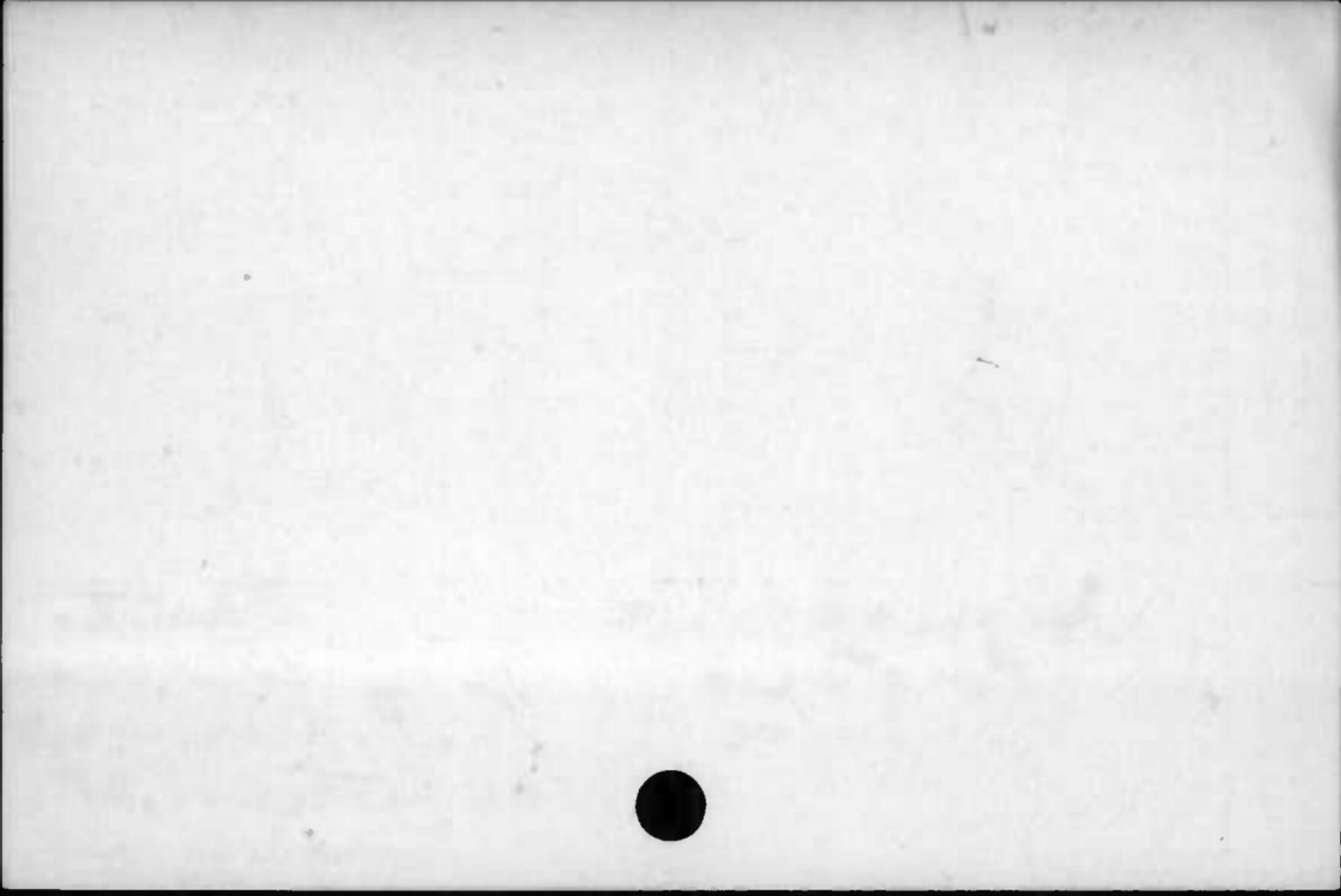
Address

Wm J. Welch

Annapolis

Accident or Suicide?

No



Name
in
Full

Norman L. Garrison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	March	26 th	Age 18	10		
Sex	Male	Color or Race	English	Birth-place	Annapolis	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Frederick L. Garrison					
Mother's Maiden Name	Mary Wills					
Name of person giving information	Matthew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Henophtilic (75)	How long	3 months
Immediate	Eustaxis	How long	four weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. P. Kiersey, M.D.
		Address	66 Cathedral St. Annapolis, Md.
Accident or Suicide?			



Name
in
Full

Sarah Collins

CERTIFICATE OF DEATH

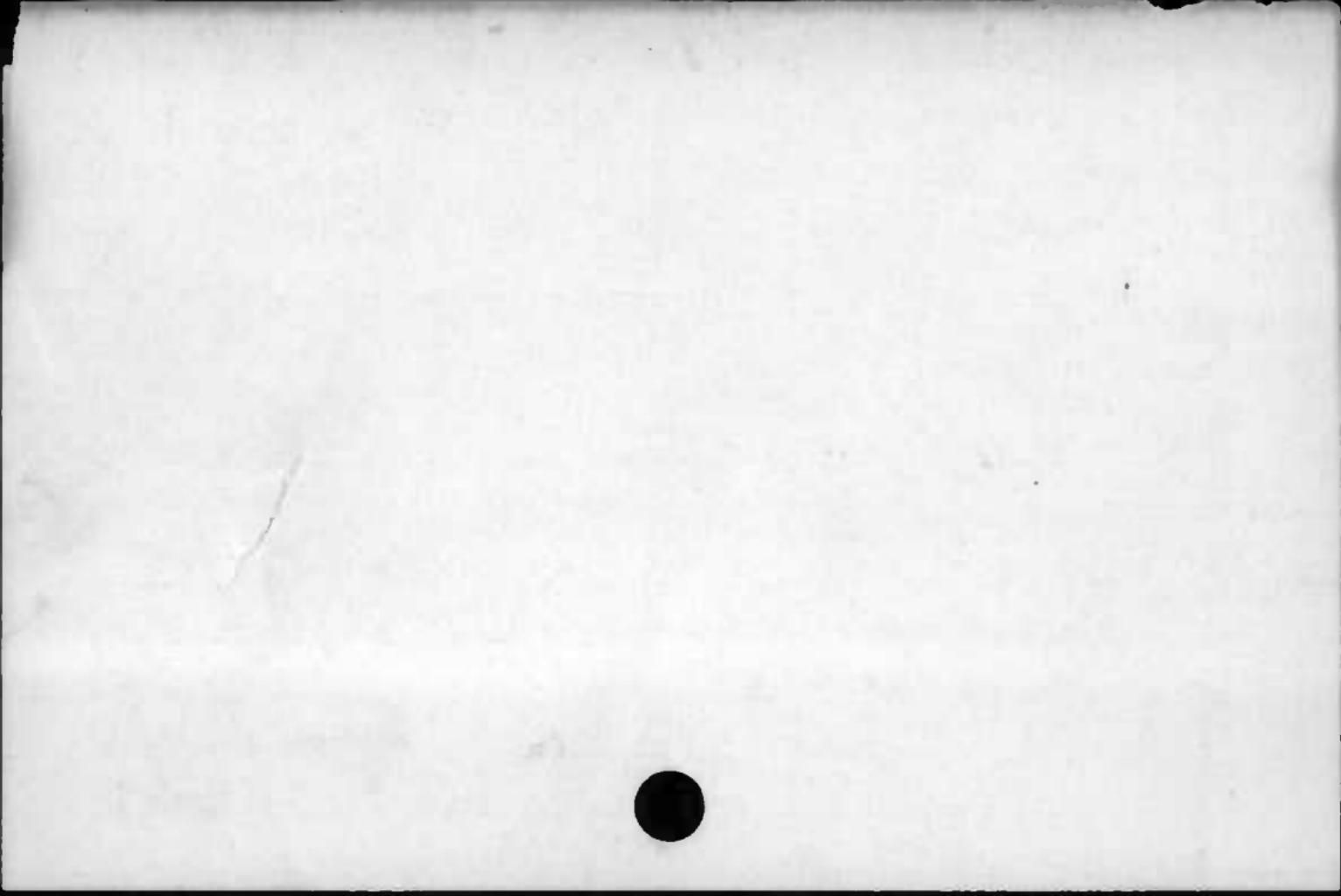
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Annapolis	Anne Arundel			
Date of death	Month	Day	Years	Months	Days
1906	Mar	15	Age 40	—	—
Sex	Females	Color or Race	White	Birth-place	Annapolis'
Occupation	House Wife				
Married, Single or Widowed	Where Residing if not at place of death				
Married	Name of Wife or Husband				
Father's Name	George Collins				
Mother's Maiden Name	Wm. H. Popham				
Name of person giving information	Hannah Holland				
	How related to deceased				
	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis.	(21)	How long	6 mos.
Immediate	Exhaustion		How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Louis B. Steeke Jr.
			Address	Annapolis, Md.
Accident or Suicide?		—	✓	



Name
in
Full

Mary Adela Day

CERTIFICATE OF DEATH

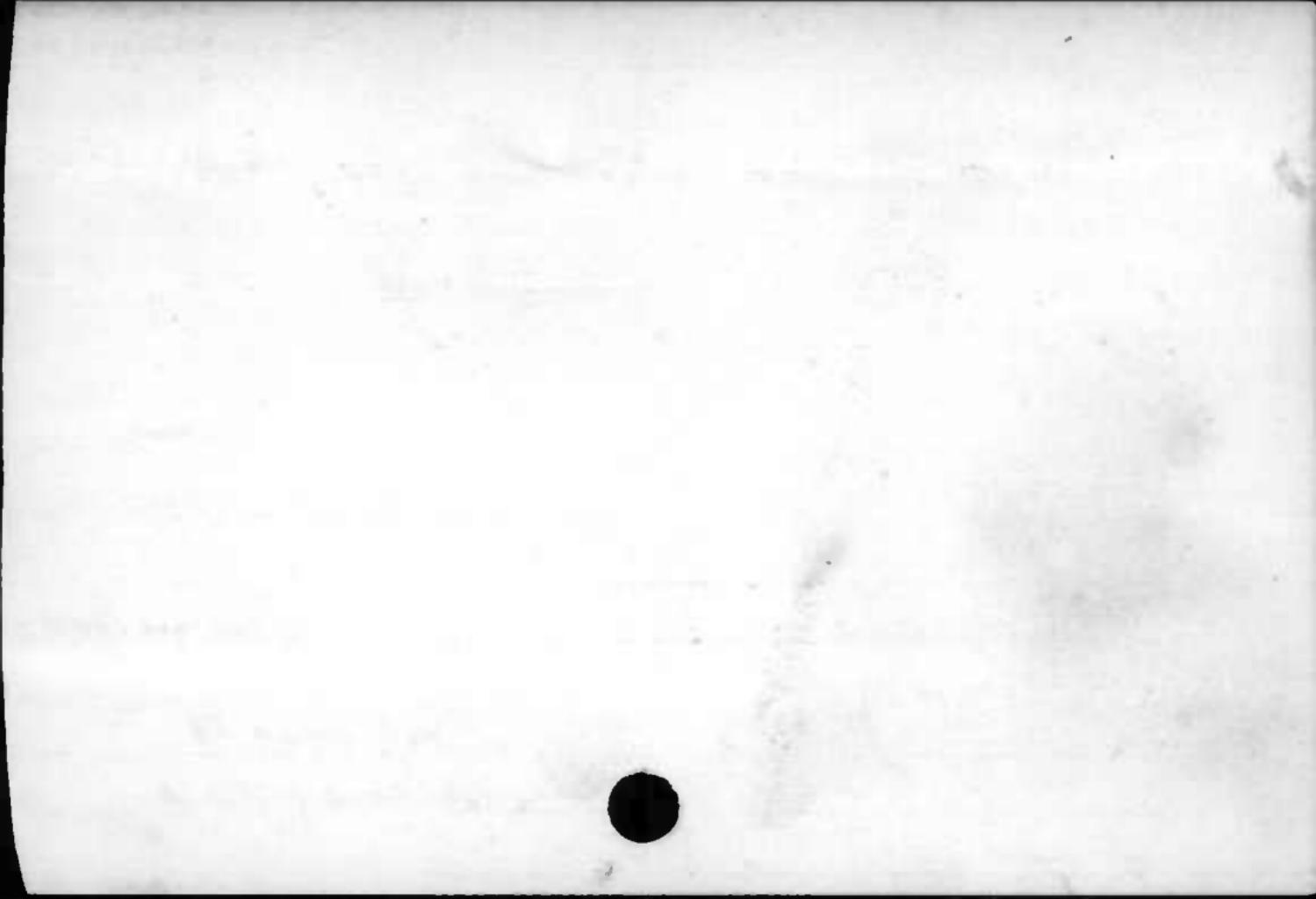
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	White		Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Nathaniel Day		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary J. Dutton		Mother's Birthplace	Maryland	
Name of person giving information	Nathaniel Day		How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchial Pneumonia	How long	two weeks
Immediate	Syncope	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. F. Hammond
		Address	Passage Dr.
Accident or Suicide?		Yes	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bonfield Md</u>		Town	<u>Degher</u> <u>ct of st.</u>		County	MARYLAND	
Date of death	1906 Mar.	Month	12	Day	Years	—	Months
Sex	Female	Color or Race	Age 30		Days	—	—
Occupation	<u>Housewife</u>		Where Residing if not at place of death		<u>Bonfield Md</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Arthur None</u>		<u>Bonfield Md</u>		
Father's Name	<u>James Decker</u>				Father's Birthplace	<u>Washington D.C.</u>	
Mother's Maiden Name	<u>Molly Hettling</u>				Mother's Birthplace	<u>St. L. C. Min</u>	
Name of person giving Information	<u>Charlotte None</u>				How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

(27)

How long

Eleven mos.

Immediate

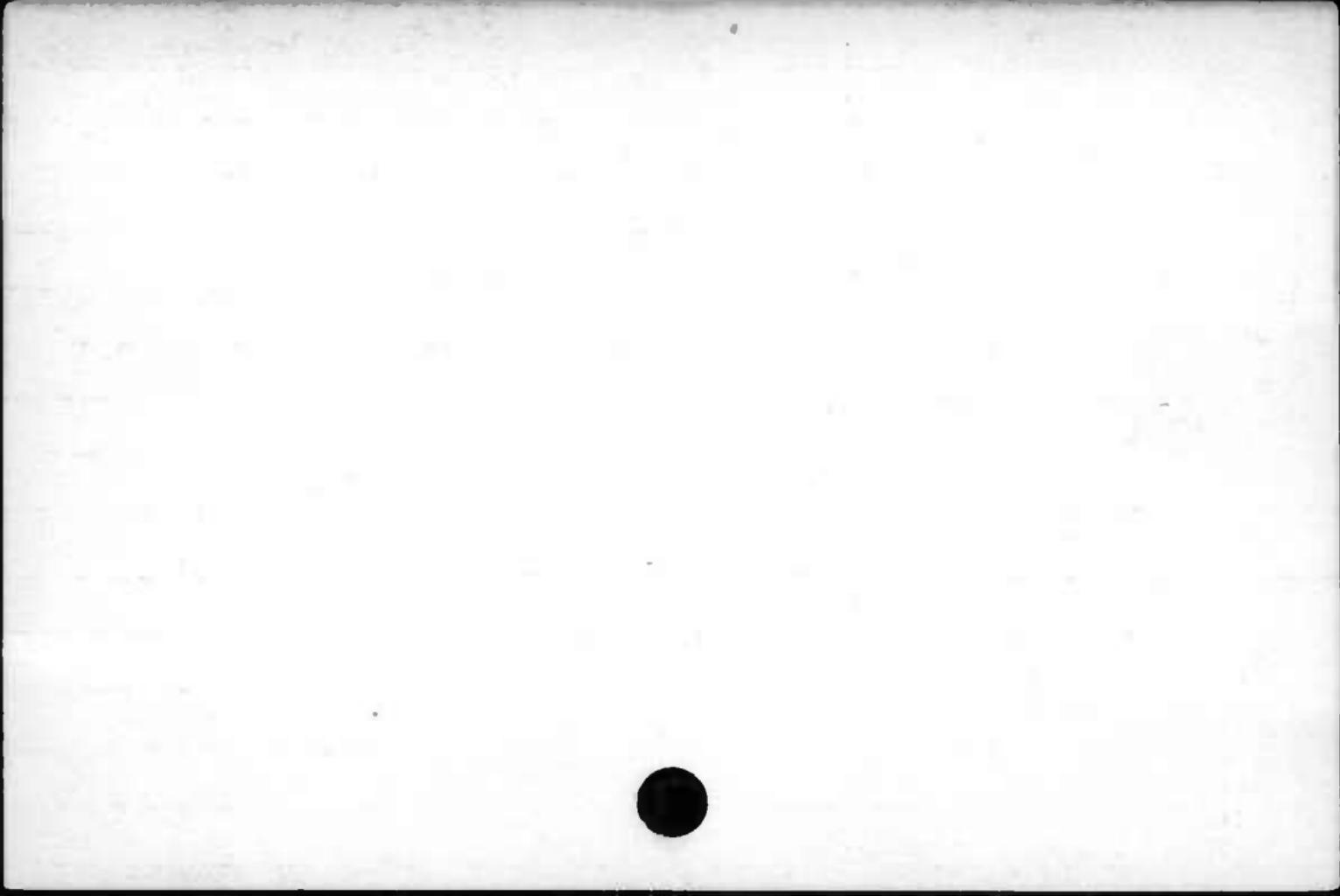
Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Yes.Signature of
PhysicianJ. B. Gantz
Physician
Md

Address

Accident or Suicide?



Name
in
Full

Frances Dennis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND
Died at	Age	Years
Date of death 1907	Month Feb.	Day 30
Sex Female	Color or Race Colored	Birth-place
Occupation	Where Residing if not at place of death	171 Chestnut St
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	Charles Dennis	Father's Birthplace Annapolis
Mother's Maiden Name	Mary Jane Averard	Mother's Birthplace
Name of person giving information	Charles Dennis	How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Capillary Bronchitis

How long

One week

Immediate

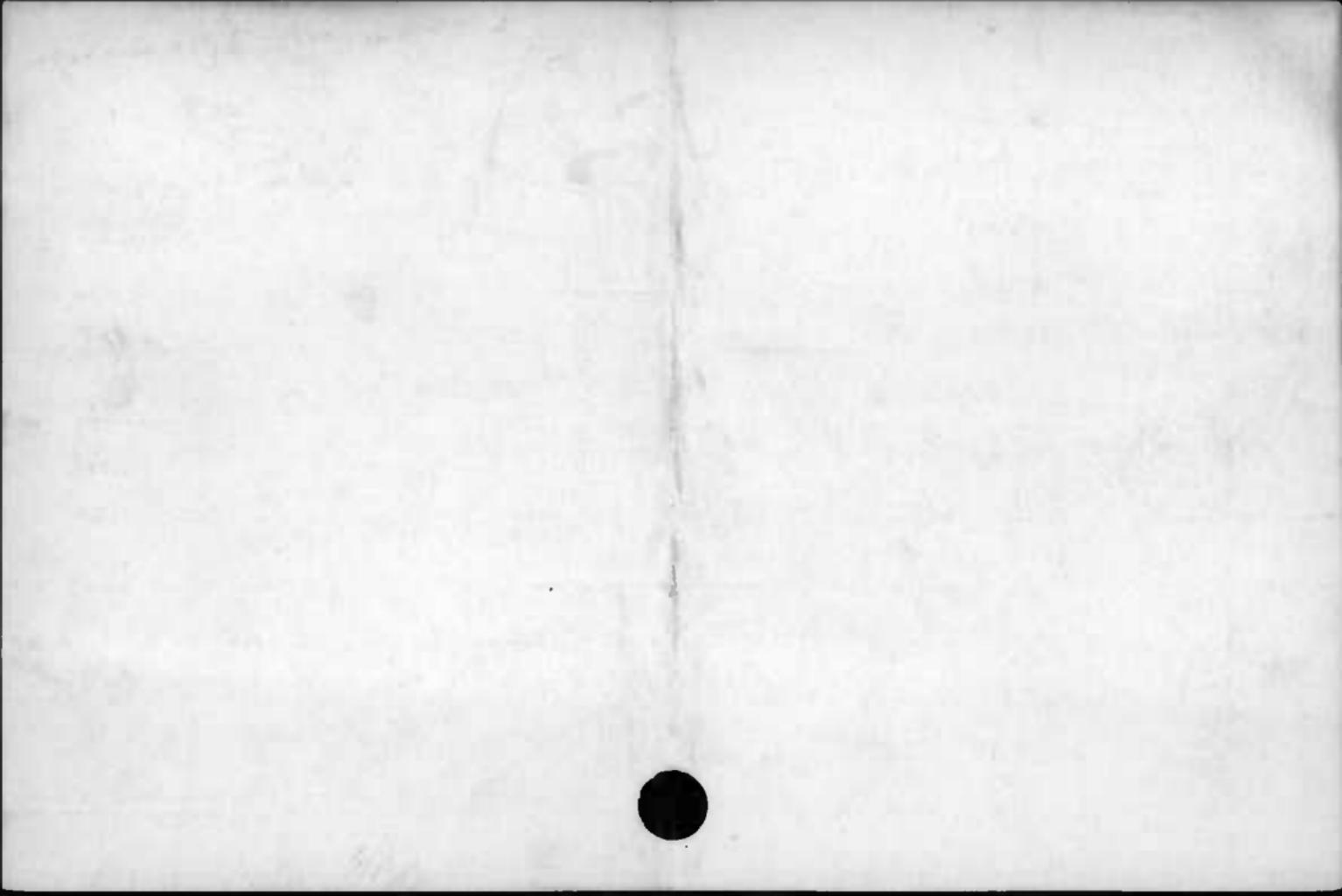
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

Accident or Suicide?



Name
in
Full

Mary F. Dotson

CERTIFICATE OF DEATH

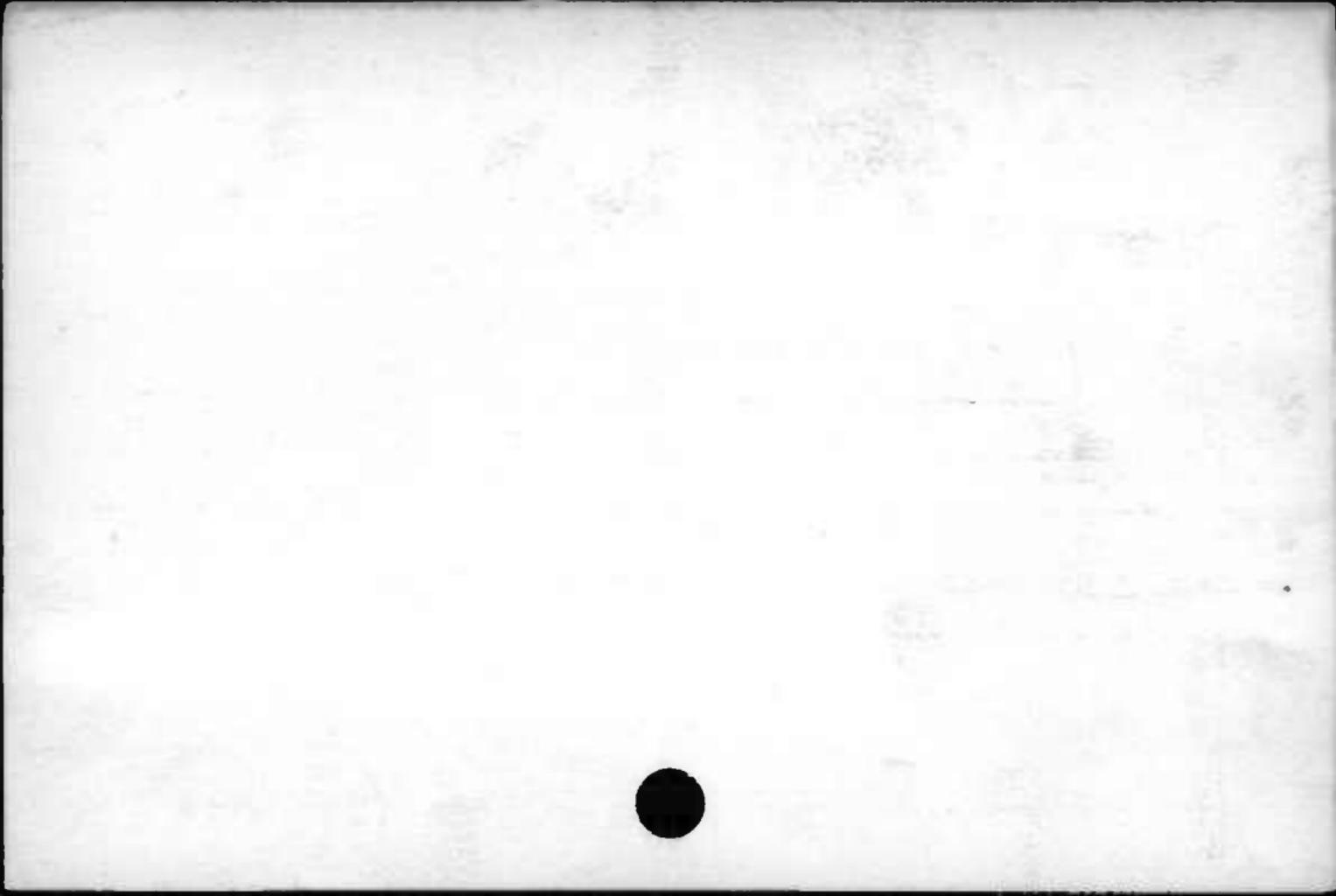
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	John H. Spencer Henderson	Mother's Birthplace			
Mother's Maiden Name	Alena Frances Henderson	Town neck			
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	(71)	How long	9 month
Immediate	Phtisis		How long	11 days
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Dr. J. H. Brown	
		Address	211 W. A. Avenue	
Accident or Suicide?				



Name
in
Full

Charles Deaneall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Florence Jackson				
Father's Name	Gordon Deaneall		Father's Birthplace	Prince George		
Mother's Maiden Name	Elizabeth Deaneall		Mother's Birthplace	W. Va.		
Name of person giving Information	J. S. Ridout		How related to deceased	Cousin		

CAUSES OF DEATH

Primary	Pneumonia		How long
Immediate	(93)		3 years
			How long
			5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Infant no name Franklin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at Marley		Town	Anne Arundel		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1906	March	10		1			
Sex Female	Color or Race	Black		Birth-place	Anne Arundel Co Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	James Franklin			Father's Birthplace	a a. co Md		
Mother's Maiden Name	Kate Jackson			Mother's Birthplace	a a co Md		
Name of person giving information	Jacob Franklin			How related to deceased	Grandfather		

CAUSES OF DEATH

Primary	Teething	(11)	How long	one month
Immediate	dysentery	(11)	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. H. Lorraine MD	
		Address	Armistice a a co Md	
Accident or Suicide?				



Name
in
Full

Estelle Green

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	P. G. Bo. M.				
Mother's Maiden Name	Edna Edwards				
Name of person giving information	How related to deceased				

1904 Mar- 25 20 A.A. Co Md

Female Black

Single Prichard Green

Macdora Ellis

Jas Edwards

Susp Hysteria

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

(21)

How long

12 mos-

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

H. V. Gantz M.D.

Millersville Md

Accident or Suicide?

445

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

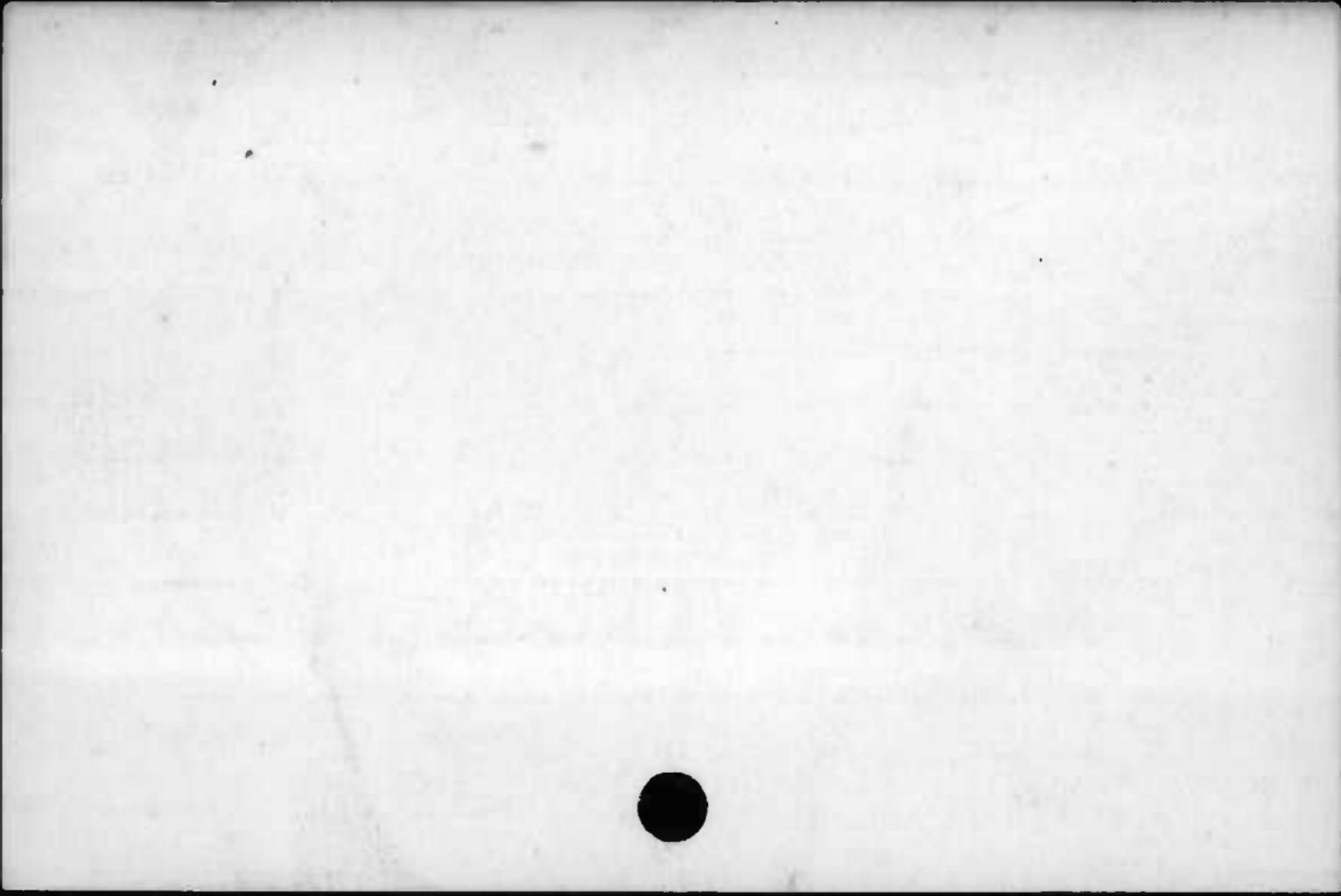
PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death	190	Month	Day	Years	Age	Months	Days
Sex	Singl	Color or Race	Colon	8	24	6	6
Occupation	Domestic		Where Residing if not at place of death		Annapolis 61 Clay St.		
Married, Single or Widowed	Singl	Name of Wife or Husband	None				
Father's Name	Solomon Griffin		Father's Birthplace		Q.A.C.		
Mother's Maiden Name	Amanda Coates		Mother's Birthplace		Calvert		
Name of person giving information	Amanda Coates		How related to deceased		Mother		

CAUSES OF DEATH

Primary	Influenza	Nephritis	(10)	How long	six weeks
Immediate	Heart Failure			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	John Ridout M.D.	
yes			Address	Annapolis Md	
Accident or Suicide?					



Name
in
Full

Rhoda Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	annapolis	Town	MD	County	a. a. c.	
Date of death	1905	Month	March	Day	16	Years
Sex	Female	Age	—	Months	3	Days
Occupation	—	Color or Race	colored	Birth-place	annapolis md	
Married, Single or Widowed	single	Name of Wife or Husband	—	Where Residing if not at place of death	60 Northwest at	
Father's Name	William	Stall	—	Father's Birthplace	annapolis md	
Mother's Maiden Name	Amelia	Green	(90)	Mother's Birthplace	annapolis md	
Name of person giving information	Amelia	Stall	(90)	How related to deceased	niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Capillary Bronchitis Six days

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

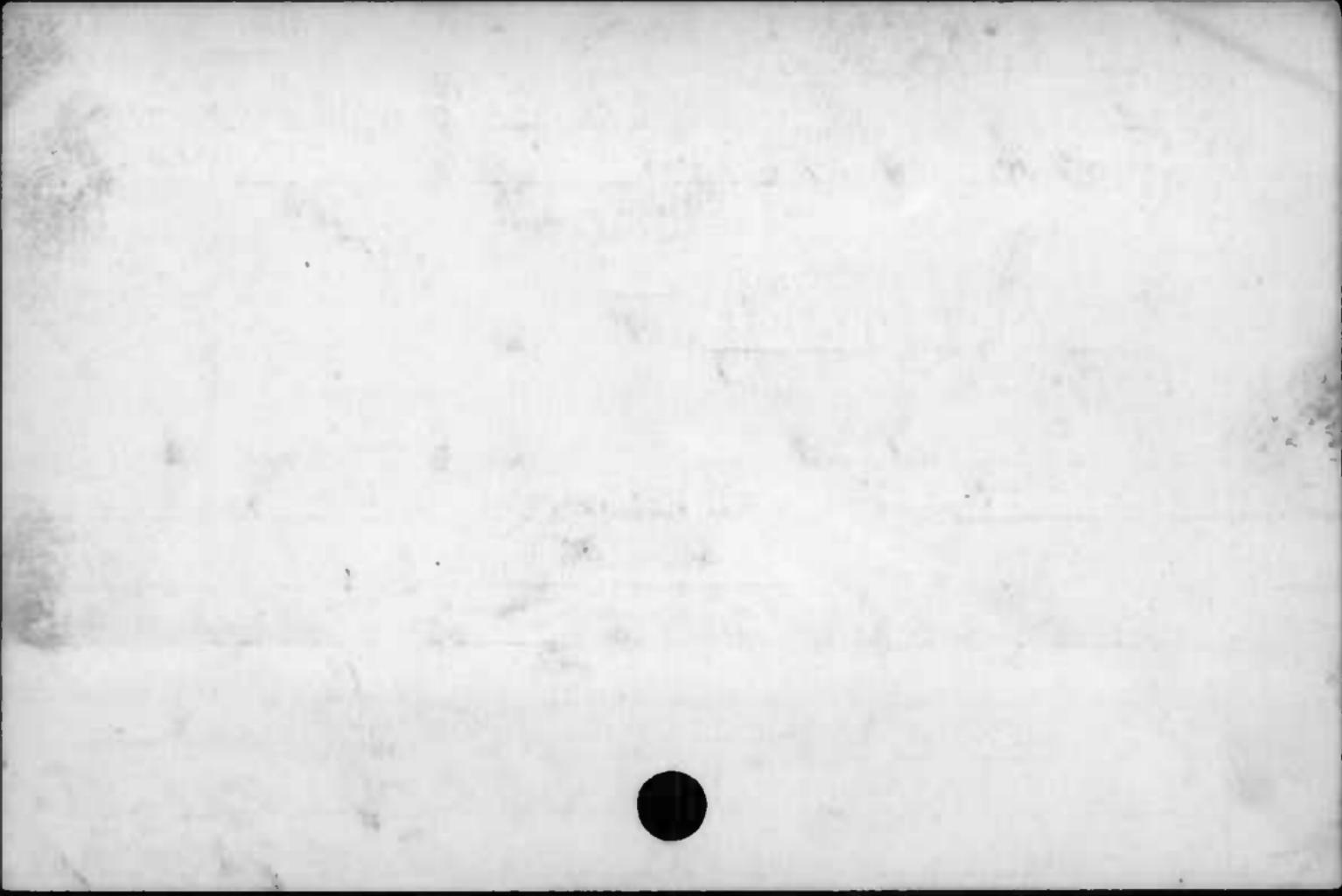
Signature of Physician

Address

Yes

John Ridout, M.D.
Annapolis
Md

Accident or Suicide?



Name
in
Full

Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 190	Month	Years	Months
Sex	Age	Birth-place	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	James Harris		
Mother's Maiden Name	Elizabeth Dobson		
Name of person giving Information	James Harris		

CAUSES OF DEATH

Primary

Still Born

How long

several days

Immediate

Are the name, age, sex, color, date and place correctly given above?

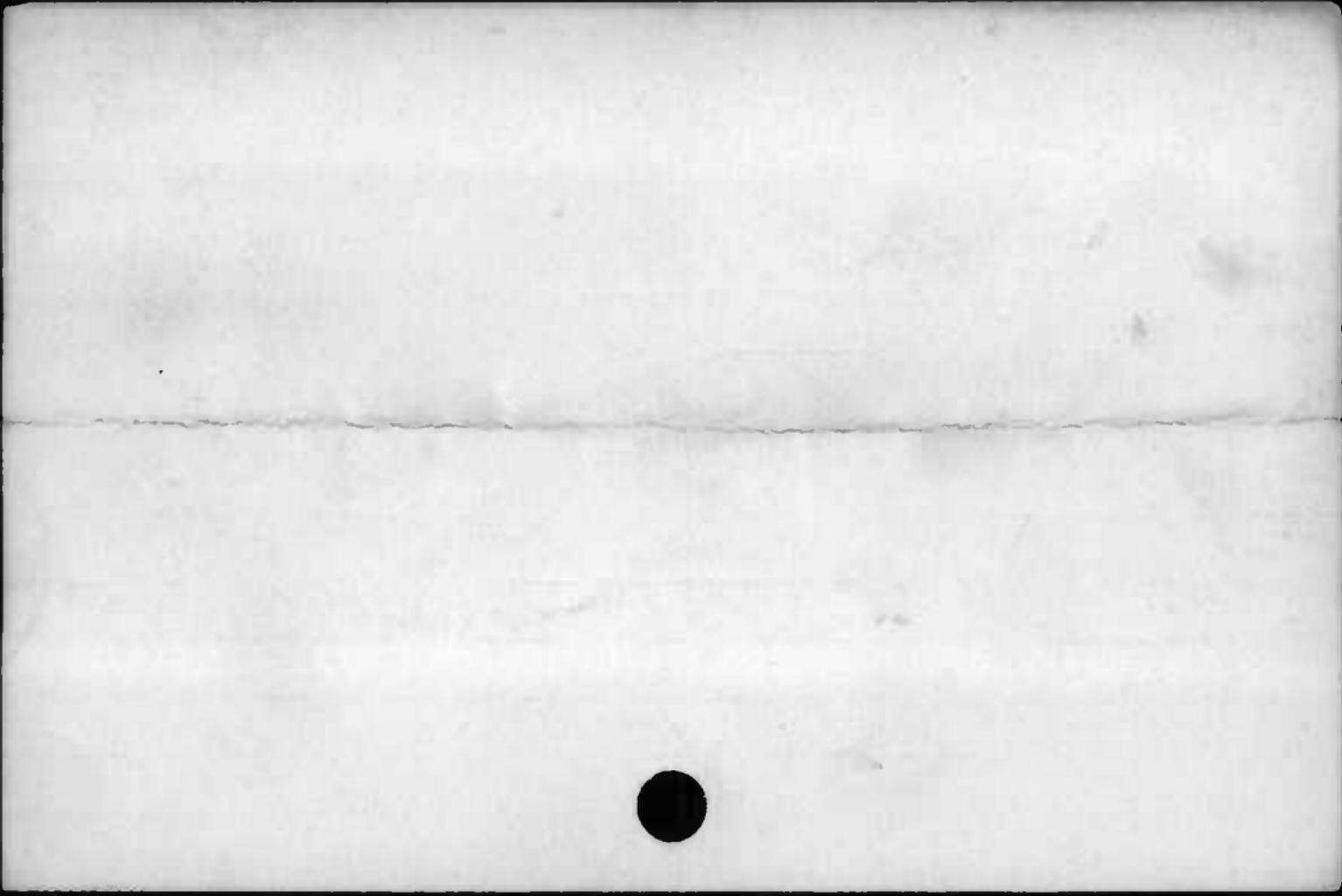
yes.

Signature of Physician

Address

P. P. Keson
60 Cathedral St.
Annapolis Md.

Accident or Suicide?



Name
in
Full

Dawn M Newbold

CERTIFICATE OF DEATH

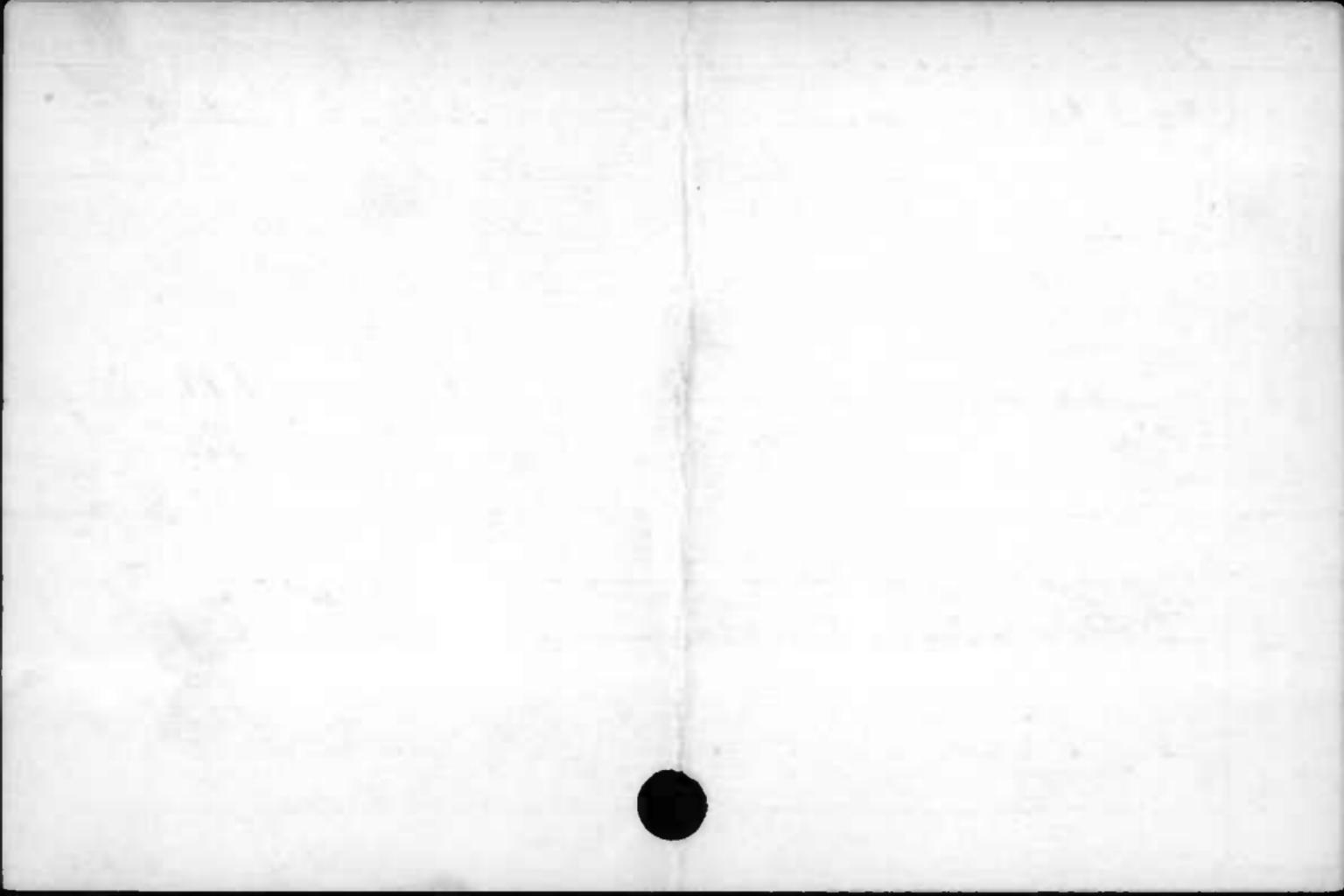
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	3	3	Age	9	1	
Sex	Color or Race	Birth-place				
Female	Colored	Harmon				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Babel Harmon					
Mother's Maiden Name	Nellie Adams					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cannulitis		(1)	How long
Immediate				3 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Cap'n Tom Tongue	
		Address	Eld Ridge Md	
Accident or Suicide?				



Name
in
Full

Sarah Henderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Annapolis	Anne Arundel				
Date of death 1906	Month March	Day 11	Years	Months	Days
Sex Female	Color or Race Colored	Age	Birth-place Annapolis		
Occupation	Where Residing if not at place of death 87 Calvert St.				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Richard Henderson	Father's Birthplace Annapolis				
Mother's Maiden Name Martha Brown	Mother's Birthplace Ad Co.				
Name of person giving information Father	How related to deceased				

CAUSES OF DEATH

Primary

Gastro-Enteritis

15 How long

One week How long

Immediate Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

John Ridontell
Annapolis
Md

Accident or Suicide?



Name
in
Full

Henrietta Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

1906 Mar 18 21 yrs — — —
Female Colored — —
House girl — —
Single — —
W H Talbott — —
W H Rivens — —
Cerebral Hemorrhage

CAUSES OF DEATH

PHYSICIAN •
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

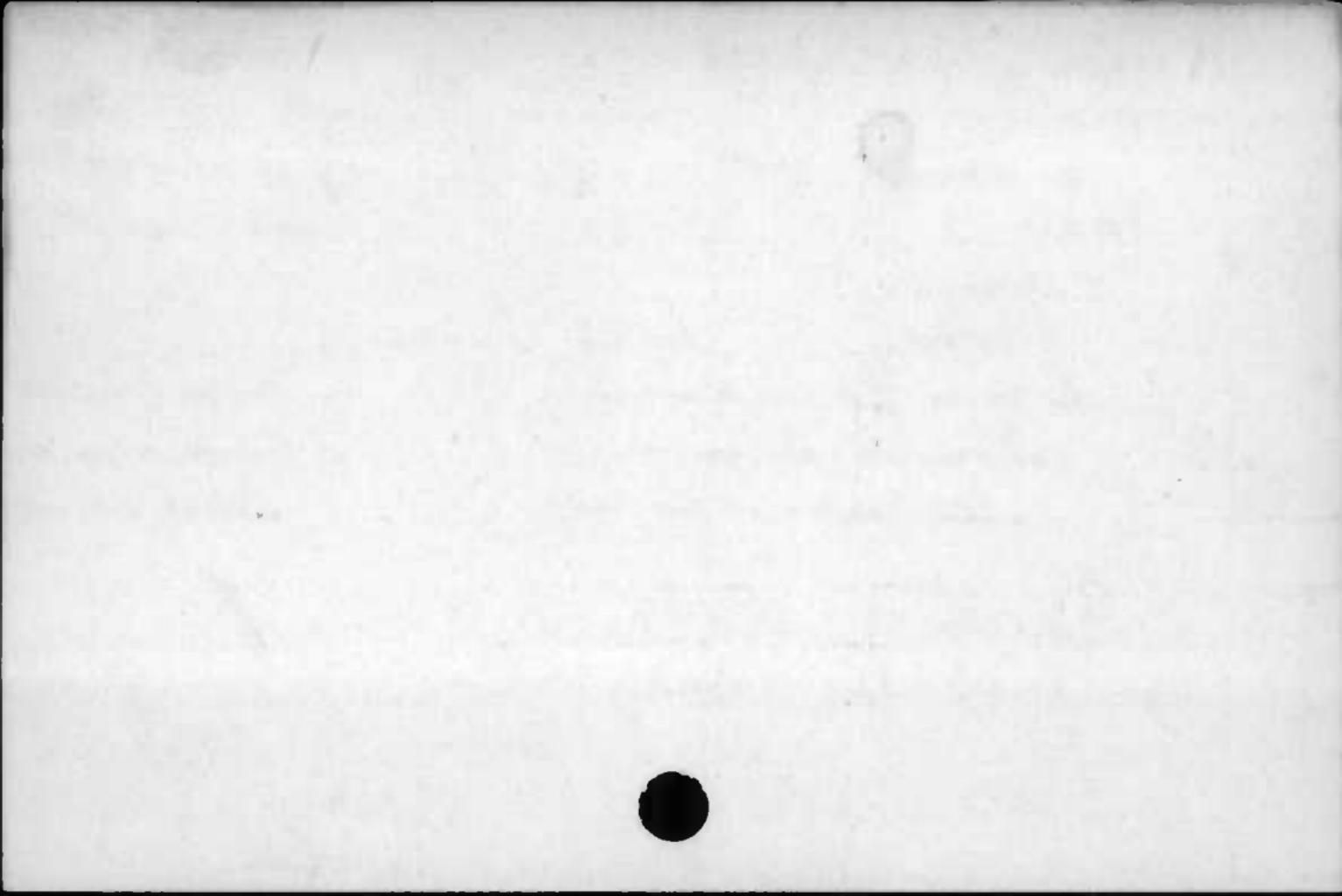
Signature of
Physician

Address

Yes

J. MacLean Cameron MD
Sub-Registrar West River

Accident or Suicide?



Name
in
Full

Phillips Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906.	Mars	31 st	Age 56	9 -	27
Sex	Male	Color or Race	Col	Anne Arundel	
Occupation	Laborer	Where Residing if not at place of death			
Married, Single or Widowed	Married.	Name of Wife or Husband	Sallie Carroll	Anne Arundel	
Father's Name	Jacob Johnson			Father's Birthplace	Anne Arundel
Mother's Maiden Name	Sarah. Smith			Mother's Birthplace	Anne Arundel
Name of person giving information	Margrat Johnson			How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastric catarrh

How long

Two months

Immediate

Hepatic congestion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

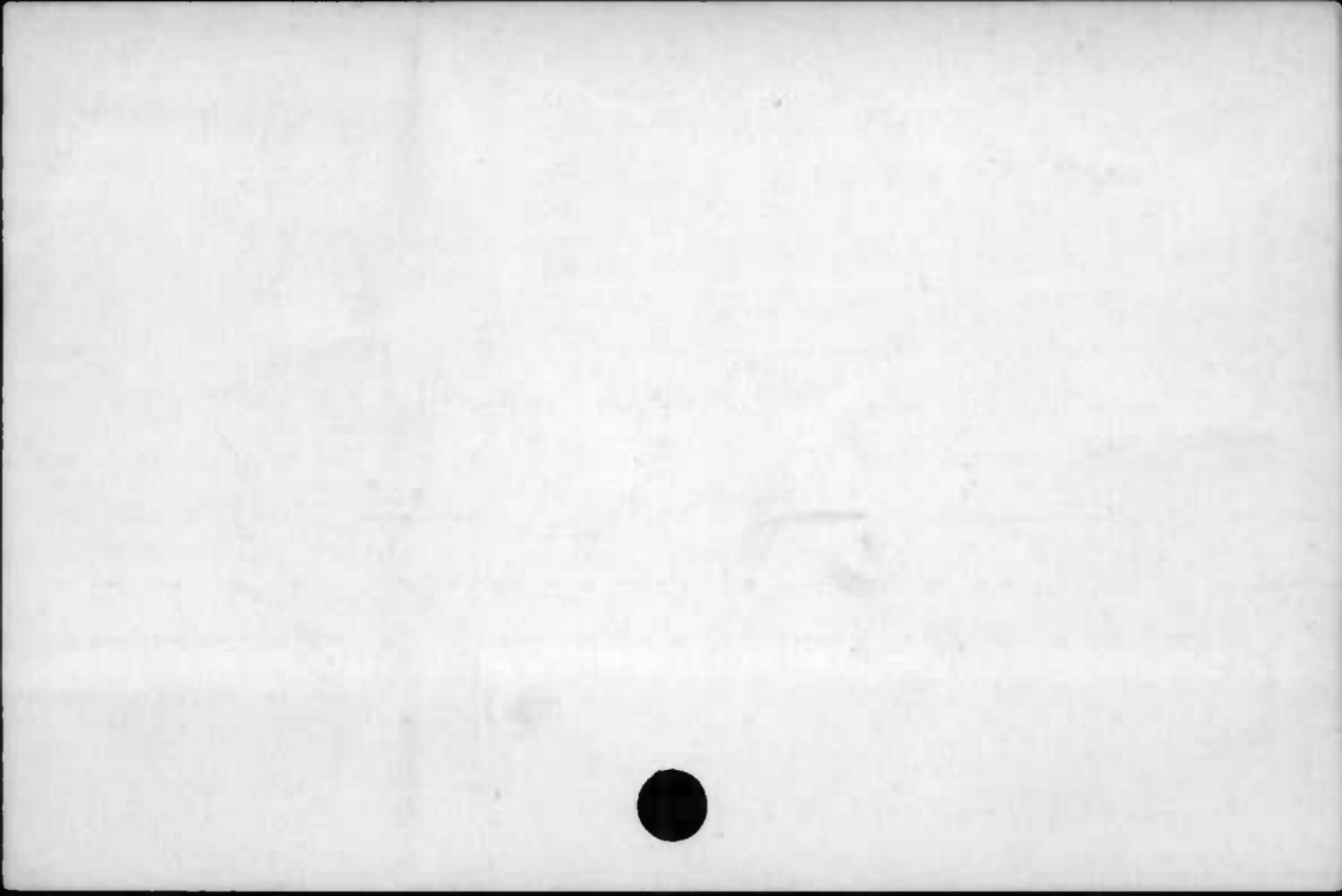
Address

John Ridontill

Annapolis
Md -

yes

Accident or Suicide?



Name
in
Full

Kimball (still born)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband				Father's Birthplace	R.A.C. Md	
Father's Name	Thomas Kimball				Mother's Birthplace	P.L.S. Co Md	
Mother's Maiden Name	Kate Blackstone				How related to deceased	Mother	
Name of person giving information	Kate Kimball						

CAUSES OF DEATH

Primary

Still born

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm S. Welch
Annapolis

Accident or Suicide?

no



Name
in
Full

Nannie B Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Sudley	Anne Arundel		MARYLAND		
Date of death 1906 June	Month	Day	Age 36	Years	Months
Sex Female	Color or Race	Caucasian		Birth-place	A A Eo
Occupation Housewife	Where Residing if not at place of death			—	
Married, Single Single	Husband	John B Lewis			
Father's Name Thomas Hardy			Father's Birthplace	A A Eo	
Mother's Maiden Name Crandall			Mother's Birthplace	A A Eo	
Name of person giving information	Thomas Hardy —		How related to deceased	Father	

PHYSICIAN
OR CORONER

CAUSES OF DEATH		
Primary	Nieral insufficiency	
Immediate	Cardiac Arrest	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
Yes	Address	Several Years
Accident or Suicide?	Sub - Vaginal	
Black and Decker Mfg Co		
LIBRARY BUREAU A 38916		



Name
in
Full

Ernest Loundres

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	a. a. County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm Loundres	Father's Birthplace		a. a. Co.	
Mother's Maiden Name	Lilly Haeg	Mother's Birthplace		a. f. Co.	
Name of person giving information	Wm Loundres	(52)	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause: uterine prolapse How long
did not attend the case of labor. Saw the mother after
Immediate

Are the name, age, sex, color, date and place correctly given above?

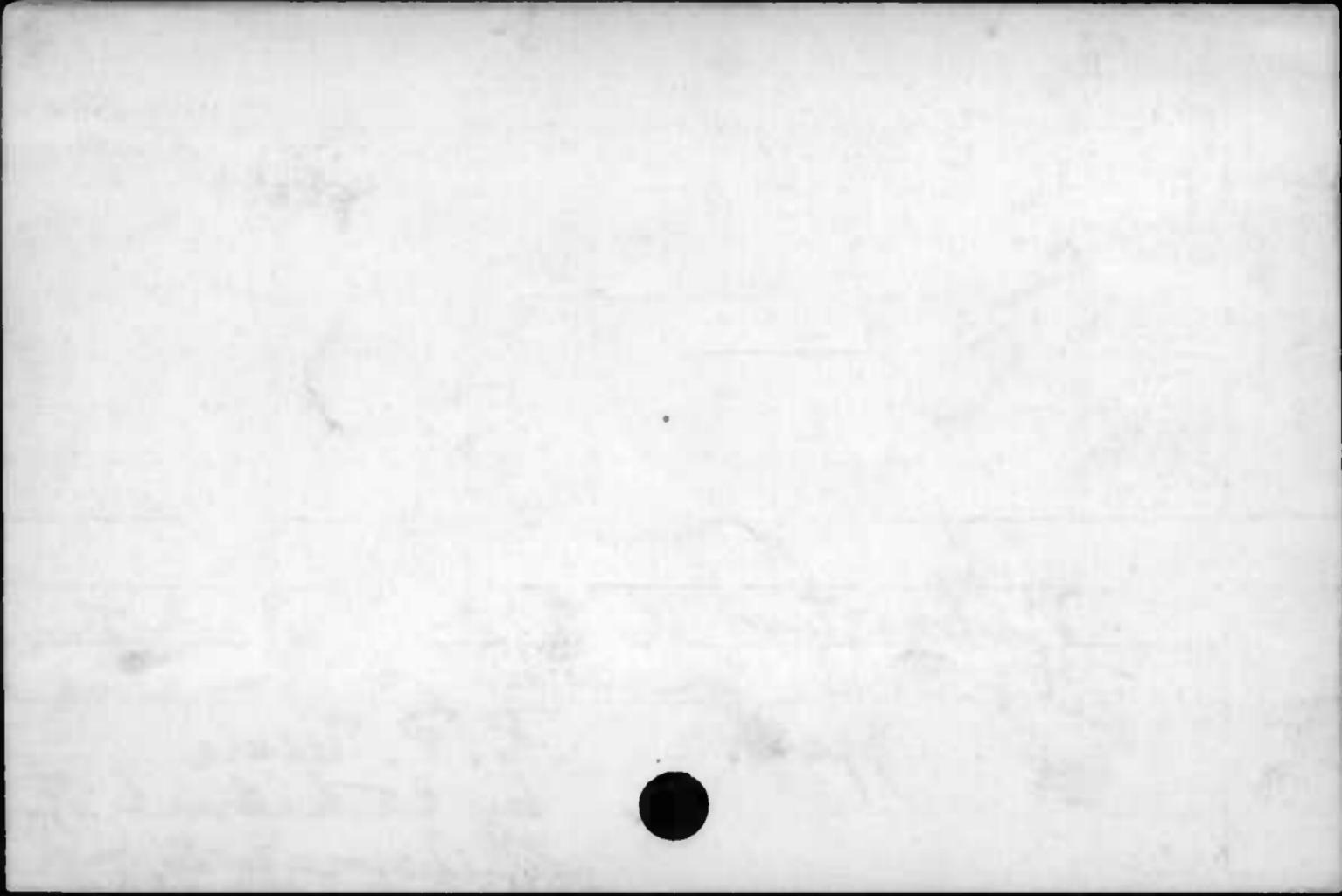
her child was born but did not see child

Signature of Physician

Address

H. B. Garrett
Millusville

Accident or Suicide?



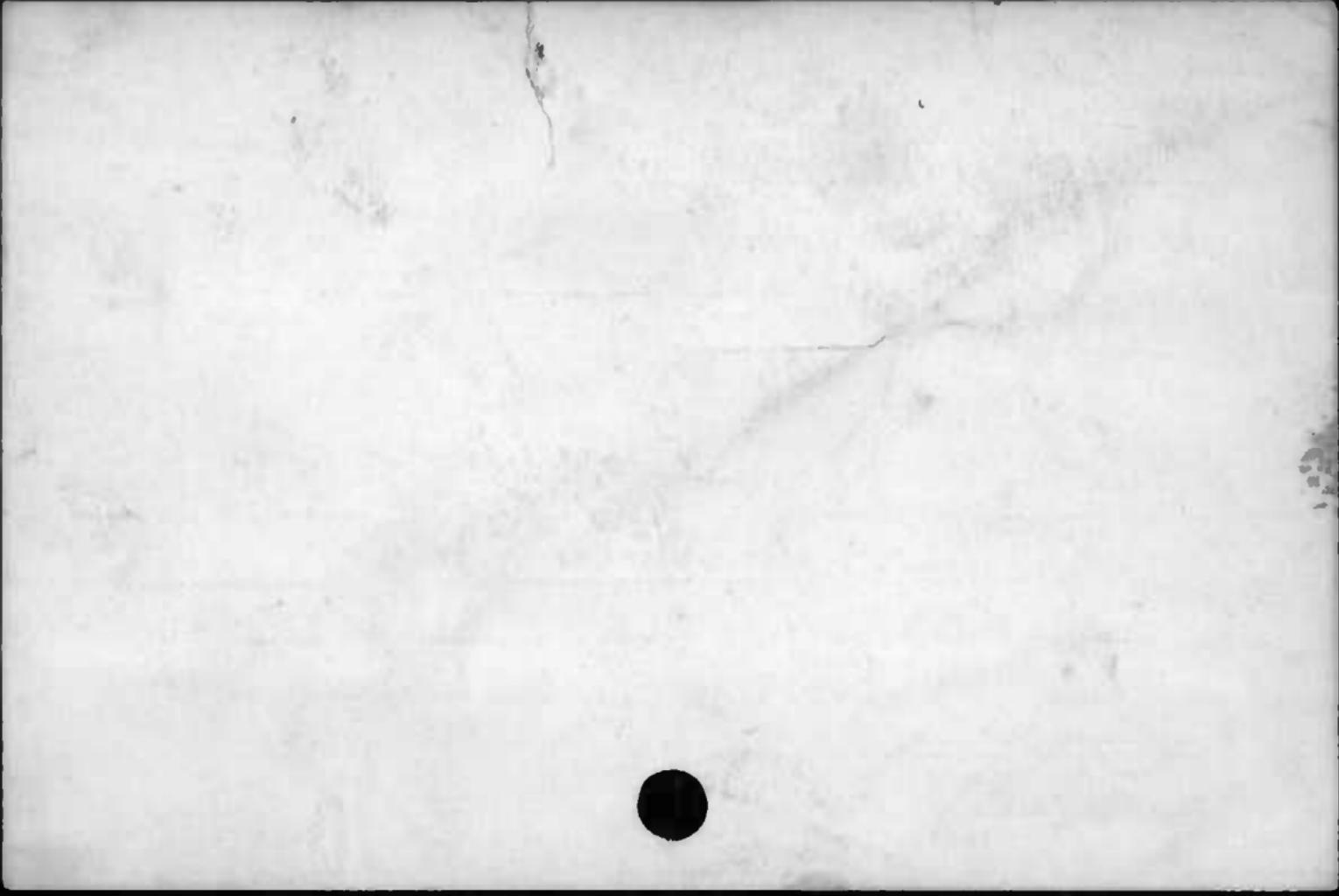
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John McBrown				CERTIFICATE OF DEATH				
Died at	Town	County		MARYLAND				
Date of death	Month	Day	Years	Months	Days			
Sex	Color or Race	Age						
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband	77 Clay St., Annapolis						
Father's Name	Decd. 1906							
Mother's Maiden Name	Elizabeth Franklin							
Name of person giving information	George McBrown							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Nephritis (Acute)	(19)	How long	2 months.
	Immediate	Wernicke Convulsions		How long	One day
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	R. P. Nease	
			Address	60 Cathedral St. Annapolis, Md.	
Accident or Suicide?					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Murray				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days	
Died at	Churchton	9. A.					
Date of death	1906	Mar	4	1	3	—	
Sex	Male	Color or Race	Colored	Birth-place	Churchton Md		
Occupation	None	Where Residing if not at place of death	—				
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Alex. Murray	Father's Birthplace	Md				
Mother's Maiden Name	Eliza Chew	Mother's Birthplace	Md				
Name of person giving Information	Alex Murray	How related to deceased	Father				

CAUSES OF DEATH

Primary

Bronchitis

90

How long

4 days

Immediate

Pillary Bronchitis

How long

18 Hours

Are the name, age, sex, color, date and place correctly given above?

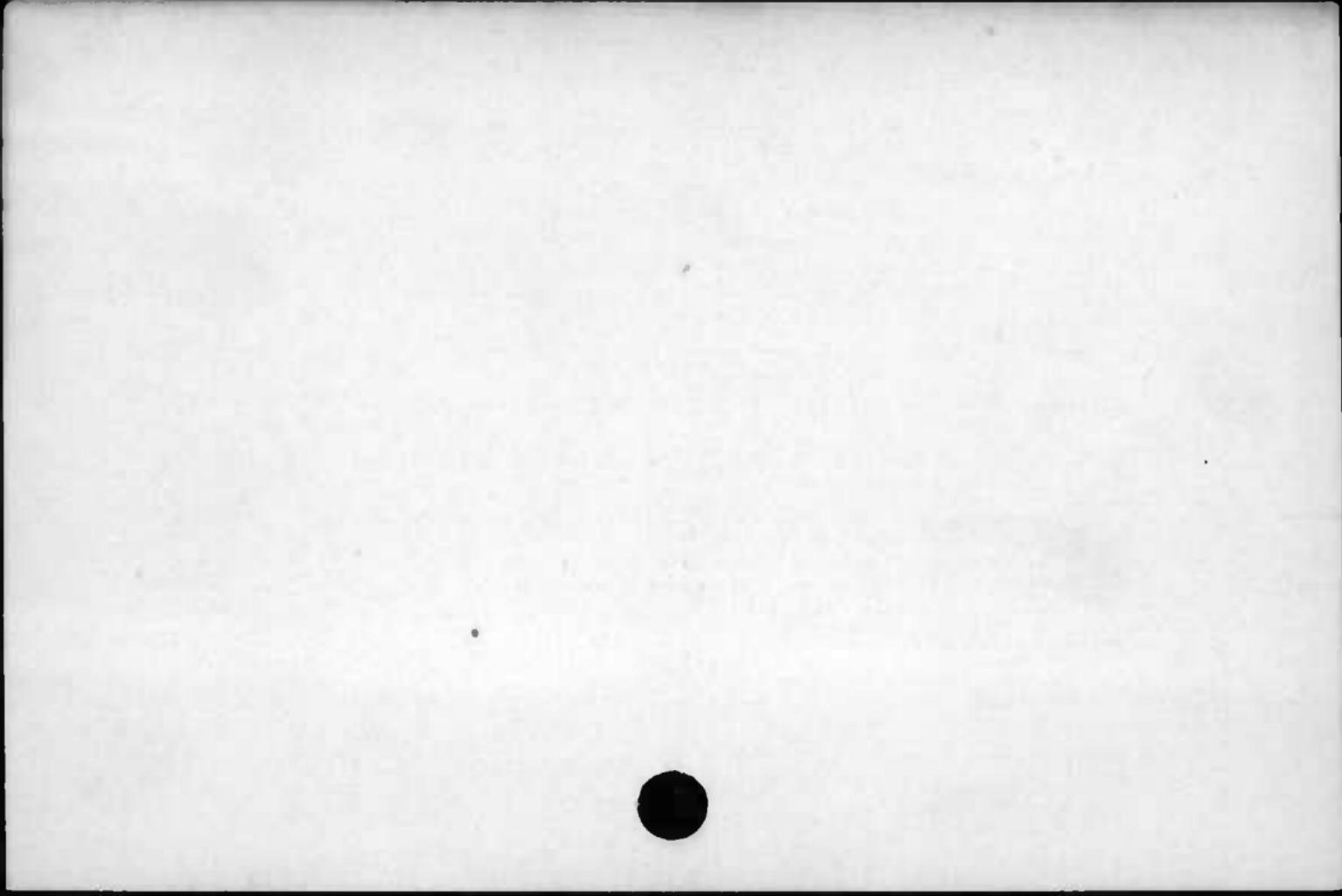
Yes

Signature of Physician

Address

Geo T. Drury
Churchton

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

John E. Police

CERTIFICATE OF DEATH

Died at Brooklyn		County a a		MARYLAND	
Date of death 1906	Month 3	Day 20	Age	Months	Days 17
Sex Male	Color or Race white	Birth-place m ^a			
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name John E. Police	Father's Birthplace m ^a				
Mother's Maiden Name Emma M. McPherson	Mother's Birthplace m ^a				
Name of person giving information John E. Police	How related to deceased Father				

CAUSES OF DEATH

Primary Marasmus 174 How long 4 wks

Immediate How long

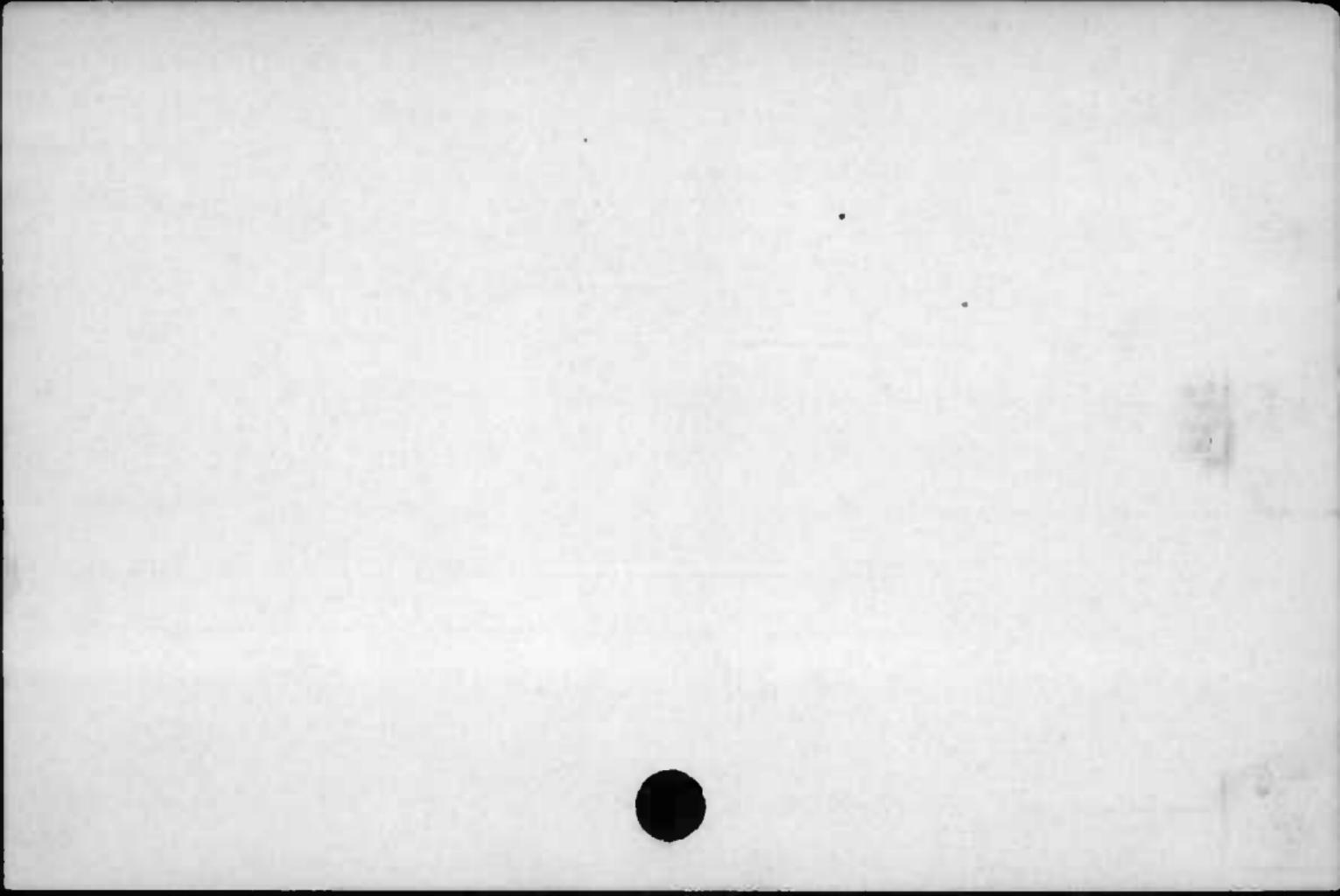
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address Chas. A. Brooke

Accident or Suicide?



Name
in
Full

Walter N. Poli

CERTIFICATE OF DEATH

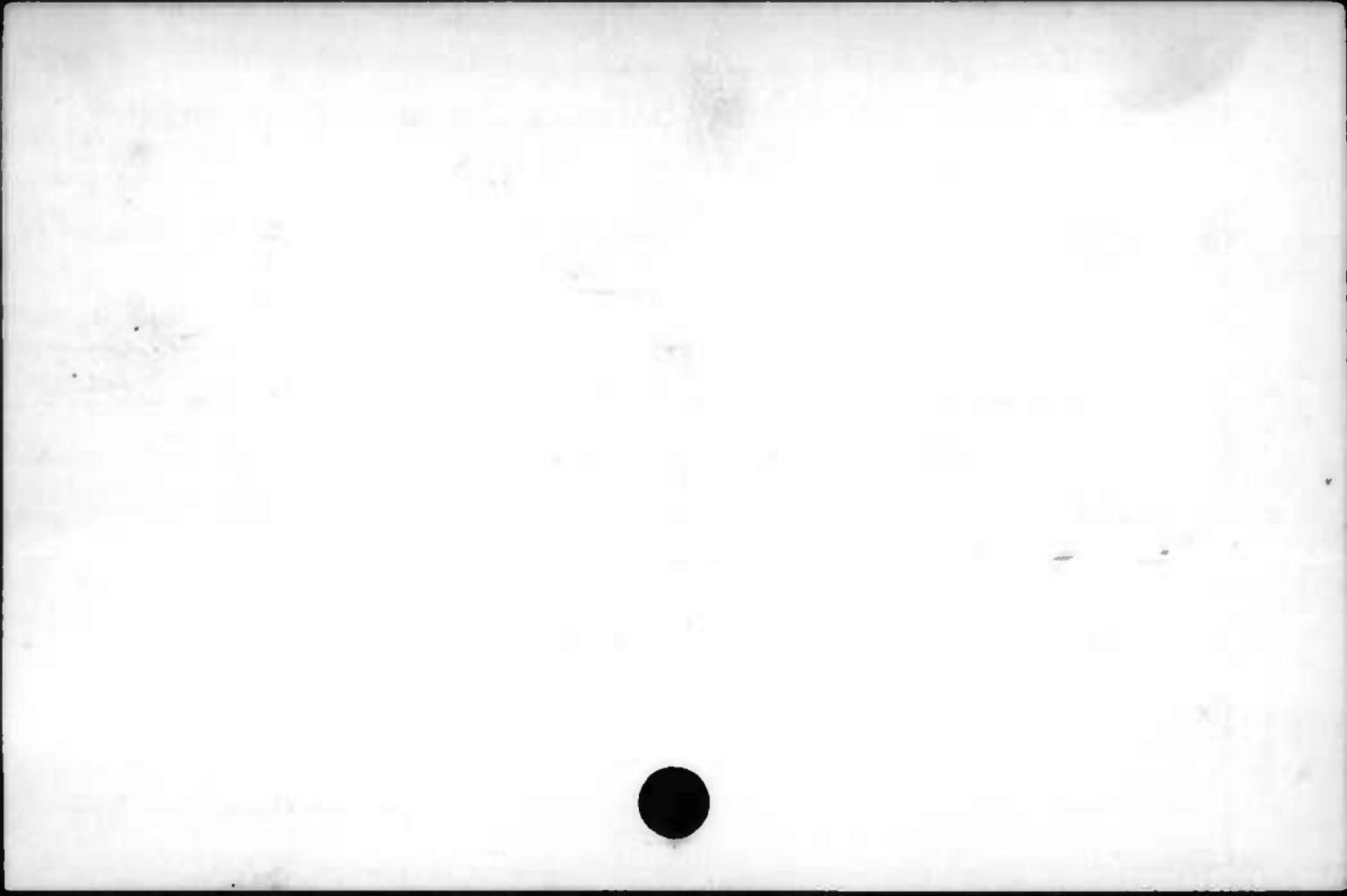
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	white	Birth-place	Md			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	George N Poli					Father's Birthplace	M d
Mother's Maiden Name	Sarah M Roach					Mother's Birthplace	M d
Name of person giving information	George N Poli					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Shot gun wound	(159)	How long
Immediate	Hemorrhage		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. L. Hawkins
		Address	Brooklyn, Md
Accident Suicide?			



Name
in
Full

Grace Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Arnolds, 2 dist:		County Anne Arundel	MARYLAND
Date of death 1906	Month Mar	Day 12	Years 4
Sex Female	Color or Race Col	Birth-place Anne Arundel Co	Months 2
Occupation	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Alexander Robinson	Father's Birthplace Va.		
Mother's Maiden Name Grace Hawkins	(6)	Mother's Birthplace A.A Co	
Name of person giving information Alexander Robinson	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cornelio Spial Mensegitis	How long 4 days
Immediate	Exhaustion	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

3 D. Ridout - M.D.
10 Margraves St. N.E.

Accident or Suicide?

1960

1960



Name
in
Full

Sister Brown Shea

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Annapolis	Anne Arundel		MARYLAND		
Date of death 1906	Month Mar.	Day 27	Years	Months	Days
Sex Male	Color or Race	White			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		B		
Father's Name Dennis Shea			Ill.		
Mother's Maiden Name Merion Murdock			Mich.		
Name of person giving Information	Father		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown S.

How long

—

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

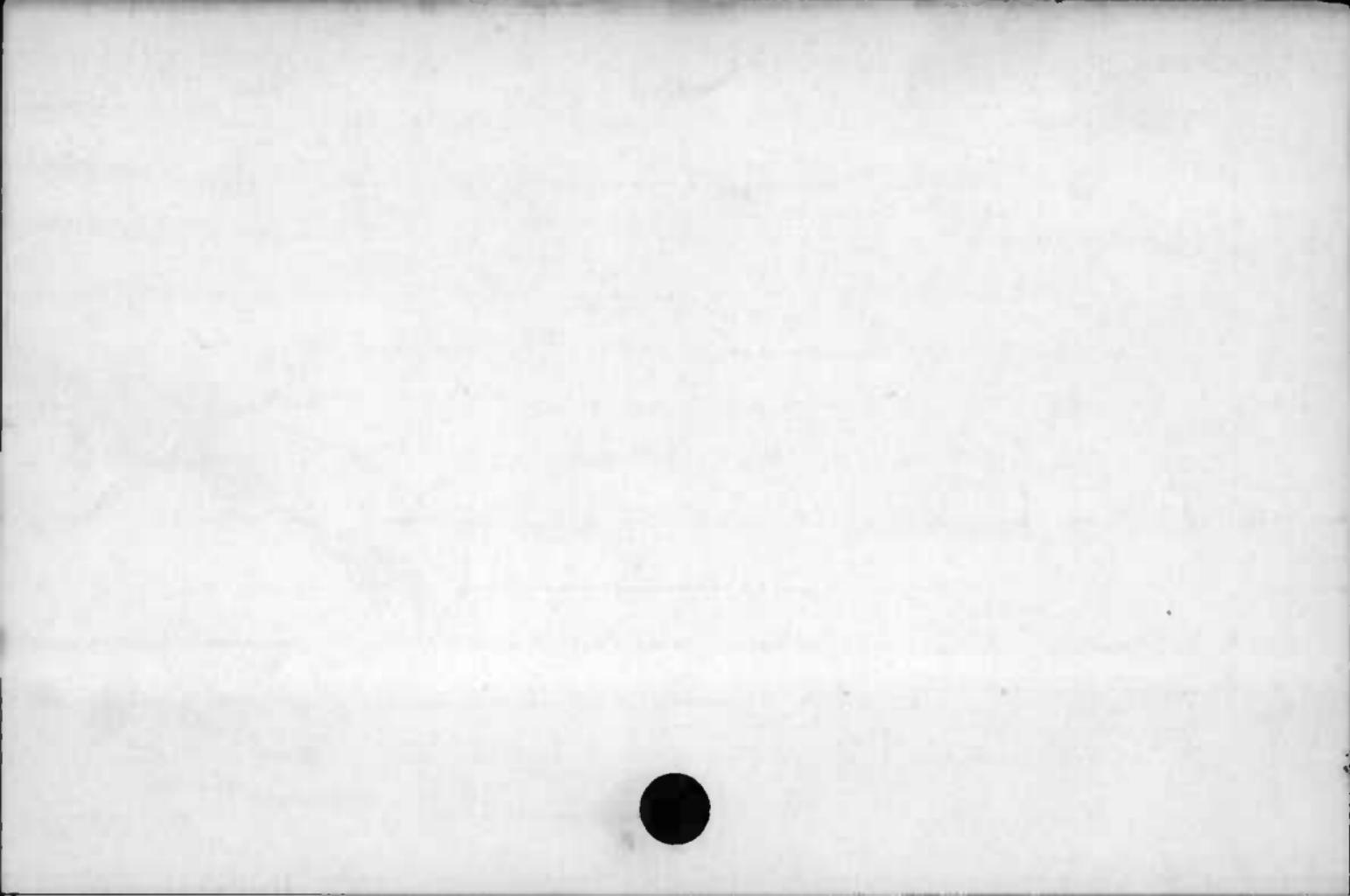
yes

Signature of Physician

Address

R. Georges Claude M.D.
9 St. John St.
Annapolis, Md.

Accident or Suicide?



Name
in
Full

Franca Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at <u>Annapolis</u>	<u>Anne Arundel</u>	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>20</u>
Age <u>40</u>	Years	Months <u>2</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Annapolis</u>
Occupation <u>Domestic</u>	Where Residing If not at place of death <u>81 Pleasant St.</u>	
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Halter Smith</u>	Father's Birthplace <u>A.A.C.O.</u>
Father's Name <u>Edgar Williams</u>	Mother's Birthplace <u>A.A.C.I.</u>	
Mother's Maiden Name <u>Eliza Peterson</u>	How related to deceased <u>Daughter</u>	
Name of person giving information <u>Halter Smith</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

(69)

How long

of few hours

How long

Immediate

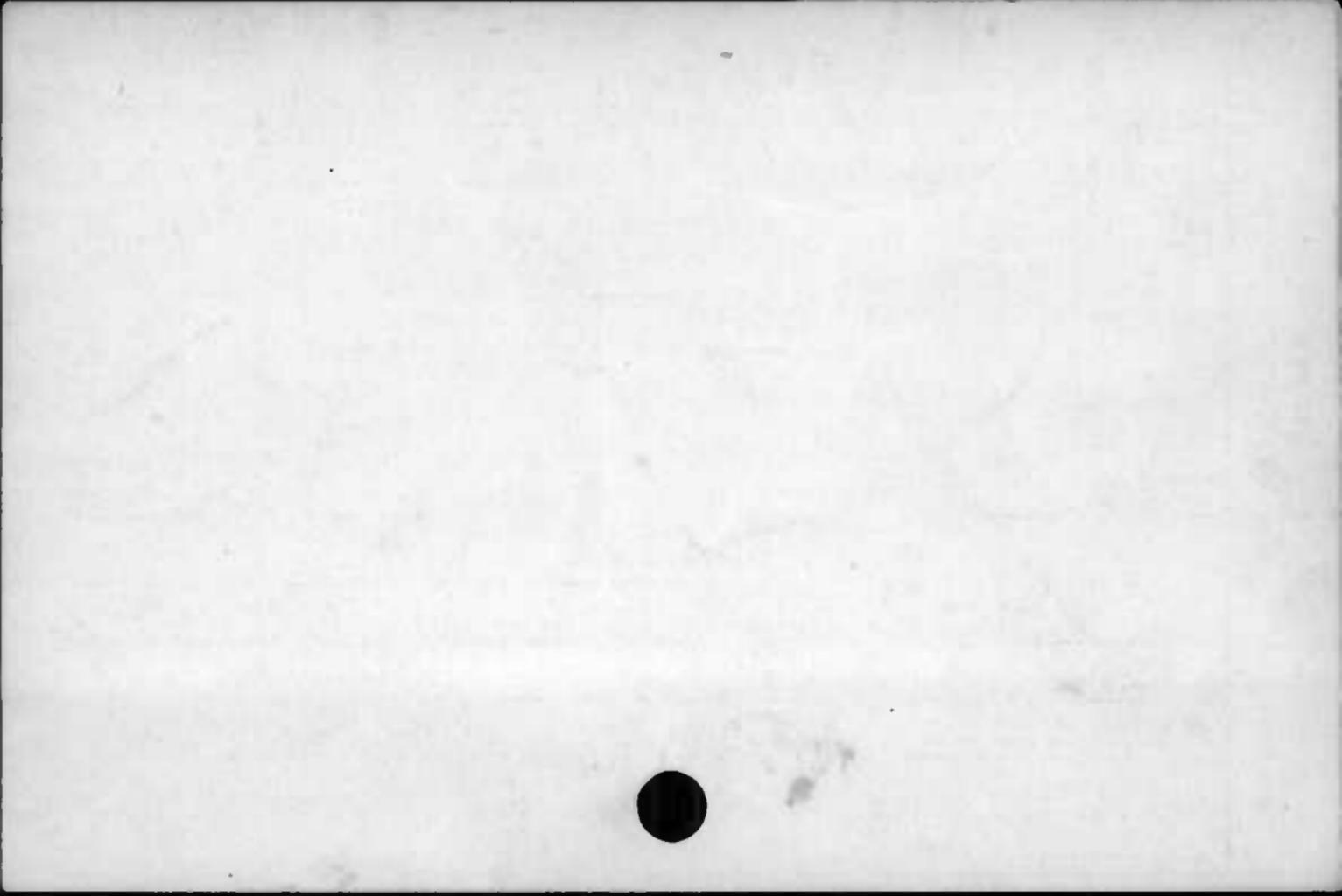
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Reddick
Annapolis

Accident or Suicide?



Name
in
Full

Still Born ~~Sprout~~
~~Heacock~~

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Annapolis'	Anne Arundel's			MARYLAND	
Date of death 1904	Month March	Day 8 ^t	Age	Years	Months
Sex Male	Color or Race	Whites			Days
Occupation	Where Residing If not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name W. A. Sprout.	S.			Father's Birthplace	Pas
Mother's Maiden Name Alice Heacock	S.			Mother's Birthplace	P. A.
Name of person giving Information W. A. Sprout.				How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still-born

S.

How long

-

Immediate

-

How long

-

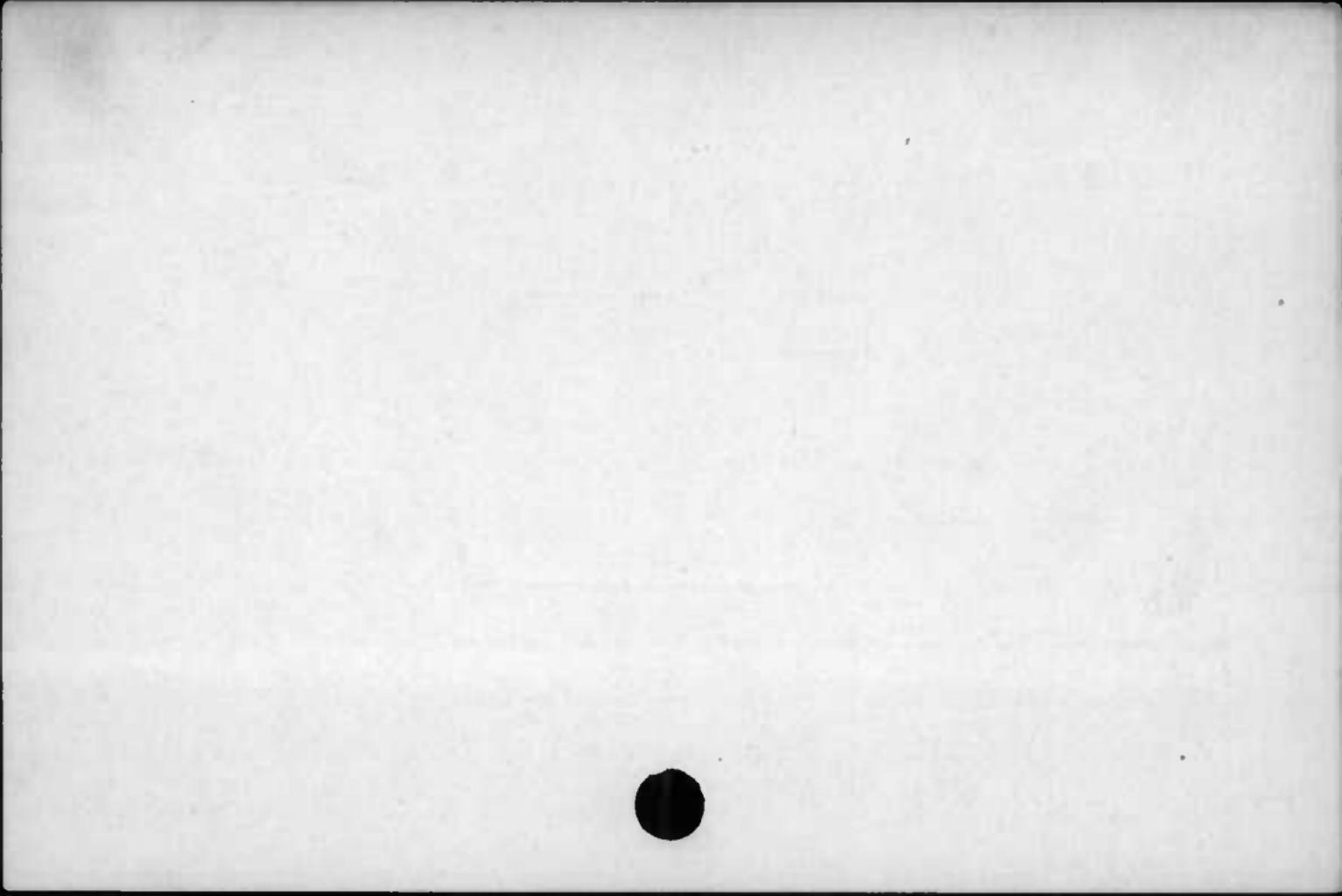
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

2 Rhoed & May
17 Maryland Ave.

Accident or Suicide?



Alice Heacock Sprout.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	32	2	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Philadelphia			
Father's Name	W.A. Sprout				
Mother's Maiden Name	Penna.				
Name of person giving information	Husband				

Married *W.A. Sprout*

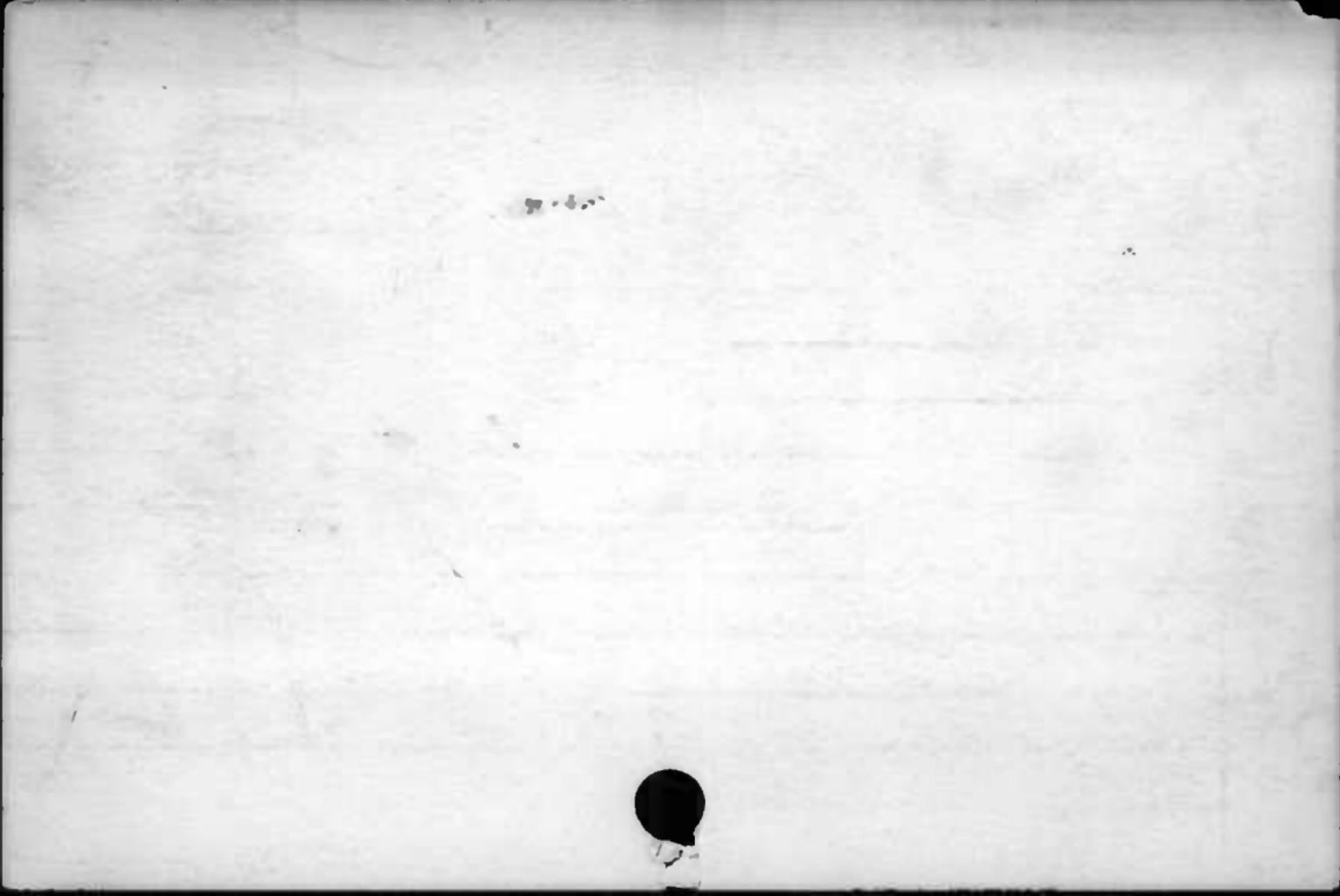
William Heacock

Julia Overholzer

Mr W. A. Sprout

CAUSES OF DEATH

Primary	Postpartum hemorrhage	(35) How long
Immediate	Syncope	In labor 12 hrs.
Are the name, age, sex, color, date and place correctly given above?		How long
Yes		35 min.
Signature of Physician		Address
<i>J.R. Heacob</i>		<i>17 Maryland St.</i>
Accident or Suicide?		



Name
in
Full

Dawia Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Baltimore			
Father's Name	John Brown				
Mother's Maiden Name	Mary Johnson				
Name of person giving information	Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

179

How long

Immediate

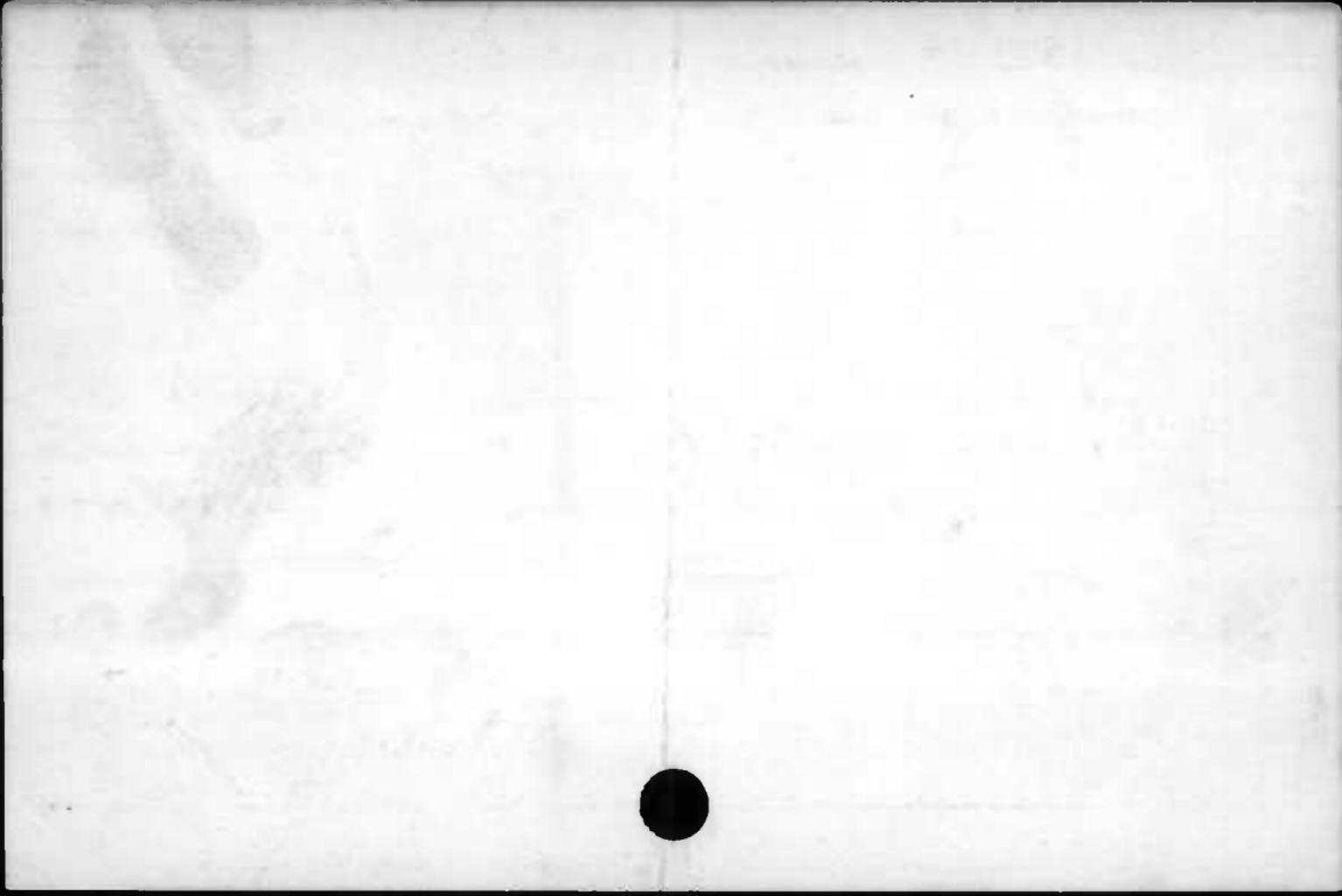
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary Celestia Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at Annapolis	Anne Arundel				
Date of death 1906	Month Mar	Day 12	Years	Months	Days
Sex Female	Color or Race Col.	Age	2	12	
Occupation	Where Residing If not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Elsworth Thomas	Father's Birthplace Baltimore				
Mother's Maiden Name Alberto Diggs	Mother's Birthplace Annapolis				
Name of person giving information Elsworth Thomas	How related to deceased Father				

PHYSICIAN
OR CORONER

Primary

Congenital Lungs
Exhaustion (36)

How long

since Birth

Immediate

How long

exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

John H. Diderich

Annapolis
Md —

Accident or Suicide?



Name
in
Full

Stansbury

CERTIFICATE OF DEATH

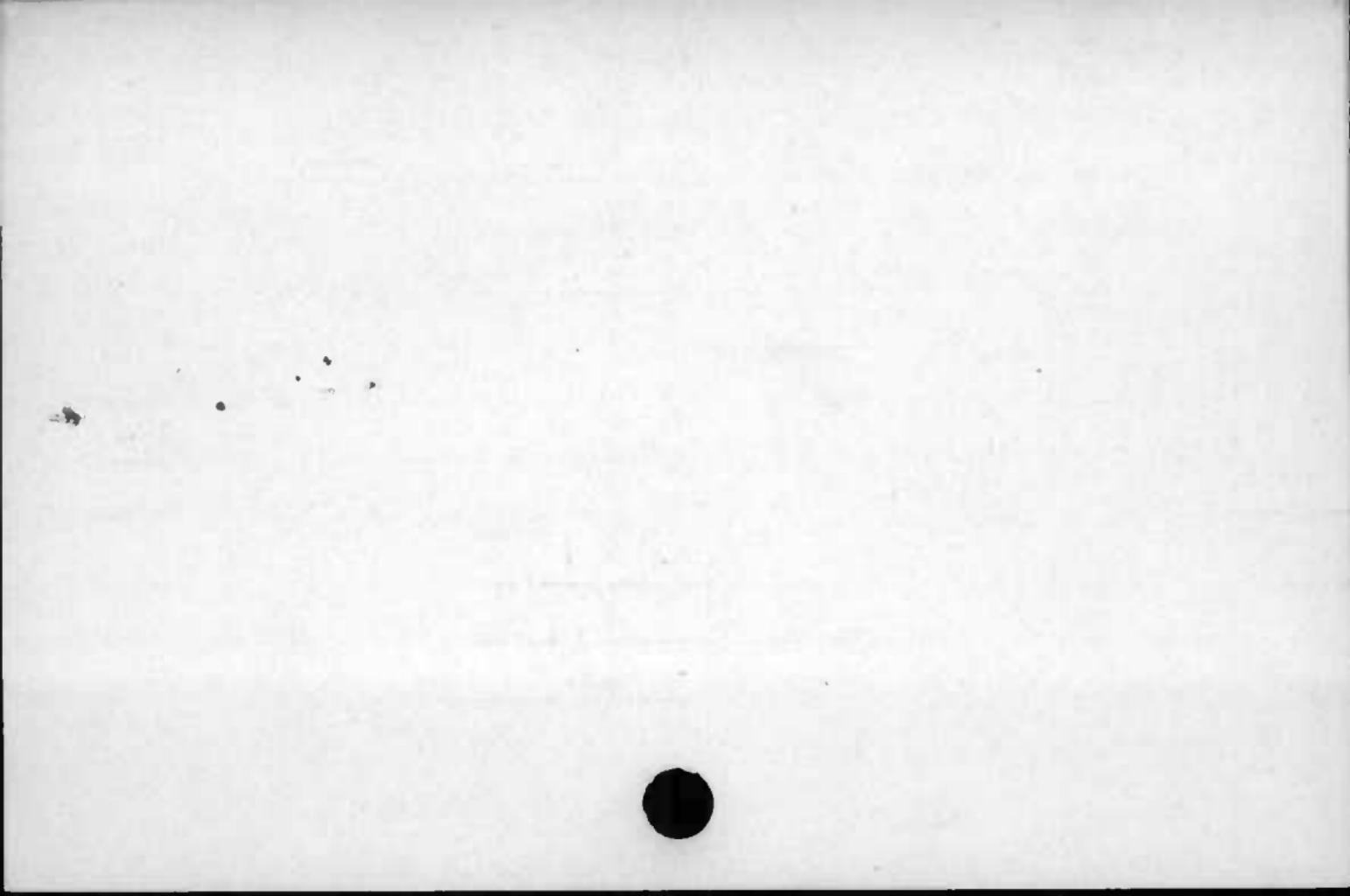
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Malbury Hill	3 rd	Day	11 th	Years	County	MARYLAND
Date of death	Month	1906	March	Age			Months	Days
Sex	Female	Color or Race	Black	Birth-place	At t co			
Occupation	Where Residing if not at place of death Malbury Hill							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	Isisha Stansbury							
Mother's Maiden Name	Jemima Chalmers							
Name of person giving information	J. Stansbury							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Weak Heart	151	How long	Fun Rattle
Immediate	Heart Failure		How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. K. Mallon, M.D.	
Yes		Address	Annapolis Md	
Accident or Suicide?				



Name
in
Full

Un-named Male Child Tongue

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY

NEAREST FRIEND

Died at Charlton

Town

Date of death

1906 Mar

Month

Day

Years

Months

Days

Sex

Male

Color or Race

Colored

Birth-place

Charlton Md

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Marshall Tongue

Father's Birthplace

Md

Mother's Maiden Name

O'hella Thompson

Mother's Birthplace

Md

Name of person giving information

Wm Harrod

How related to deceased

Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

(11)

How long

3 hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Geo T Deak

Address

Charlton

Accident or Suicide?



Name
In
Full

Bertha Wist

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

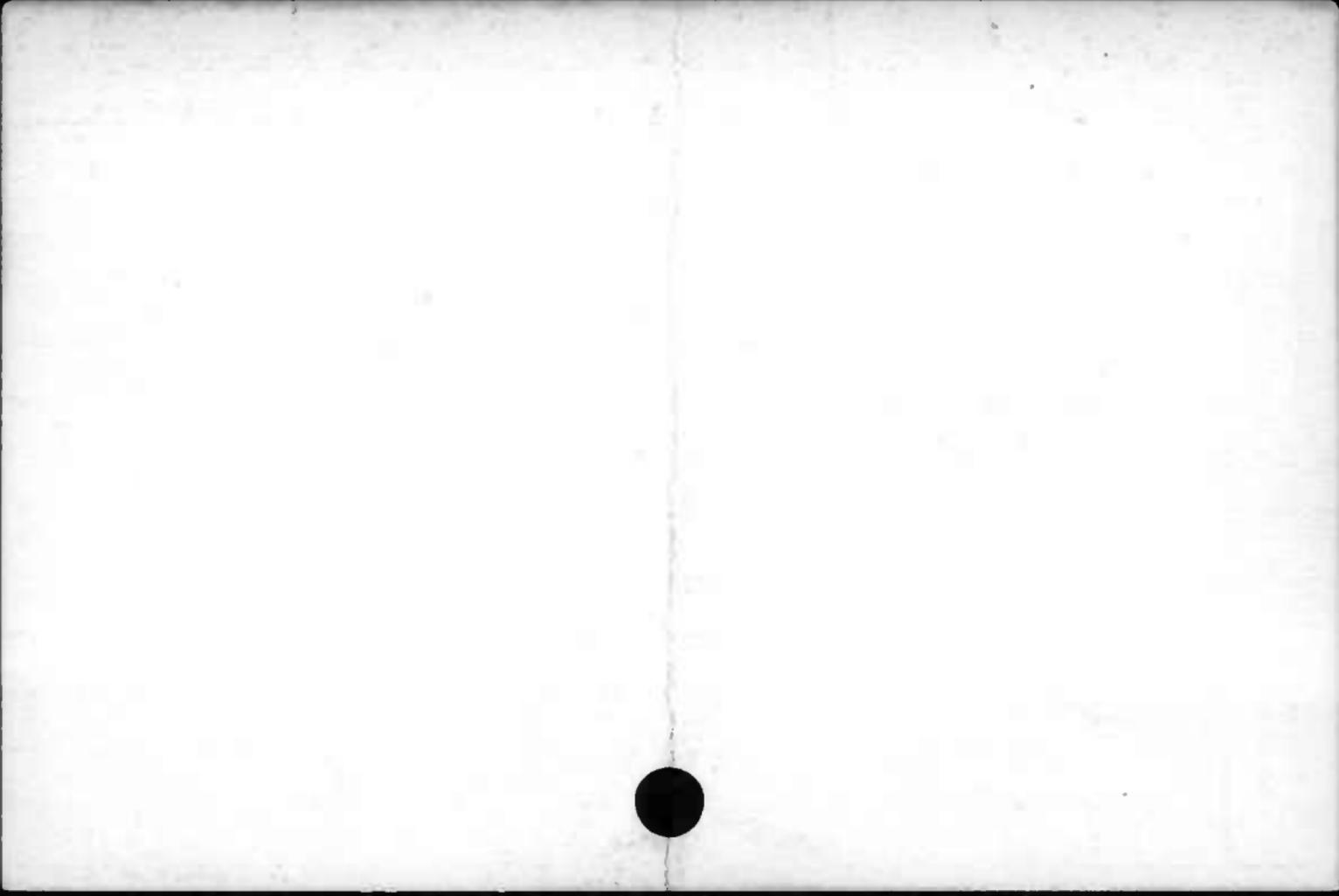
PHYSICIAN
OR CORONER

Town	Anne Arundel		County	MARYLAND		
Died at Wellham	Date of death 1906	Month 3	Day 15	Years 1	Months 7	Days
Sex Female	Color or Race Colored	Birth-place Anne Arundel Co Md				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Benjamin Wist	Father's Birthplace Anne Arundel Co Md					
Mother's Maiden Name Eliza Warren	Mother's Birthplace Anne Arundel Co Md					
Name of person giving information Benjamin Wist	How related to deceased Father					

CAUSES OF DEATH

Primary	Whooping Cough	How long	3 weeks
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E R Wimber

Address Hanover Md



Name
In
Full

Mary Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Mar	28th	4	"	"
Sex	Female	Color or Race	Black	Birth-place	A.G. Co
Occupation	Mur	Where Residing if not at place of death	Rever Town		
Married, Single or Widow	Widow	Name of Wife or Husband	Mur		
Father's Name	Lethas Williams			Father's Birthplace	A.G. Co
Mother's Maiden Name	Emma Cadgrov			Mother's Birthplace	Howard Co
Name of person giving information	Chas. Amunca			How related to deceased	Mur

CAUSES OF DEATH

Primary

⑨3

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

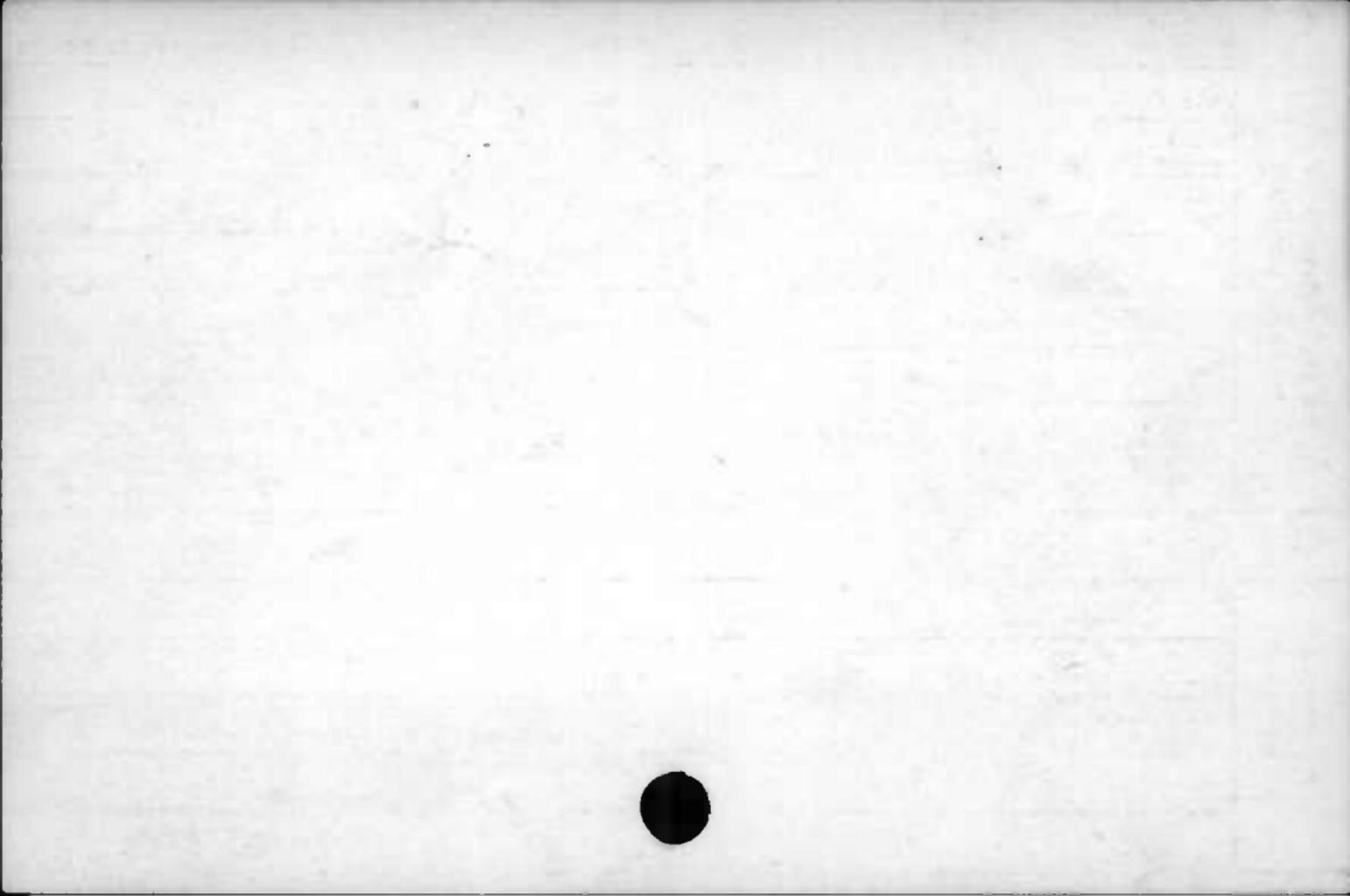
yes

Signature of Physician

Address

J. P. Shantz M.D.
Laurel
Md

Accident or Suicide?



Name
in
Full

Sarah Loretta Williams

CERTIFICATE OF DEATH

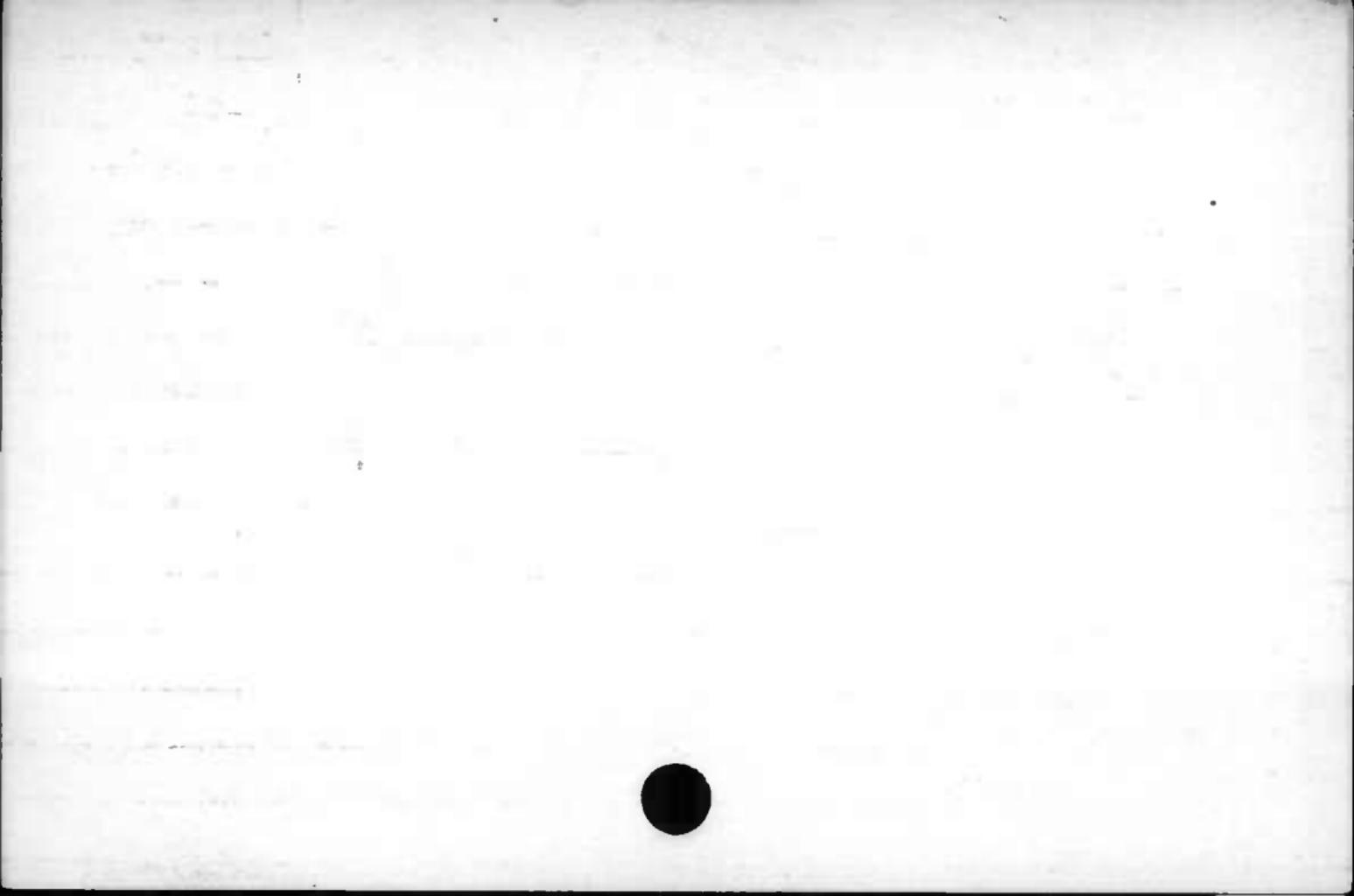
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Saratoga	Anne arundel		
Date of death	Month	Day	Years
1906	March	4	Age 39
Sex	Color or white	Birth-place	
Female	Race	Baltimore Md	
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Married	Stonewall J. Williams		
Father's Name	Ireland		
Mother's Maiden Name	Ireland		
Name of person giving Information	(135)		
S. J. Williams			

CAUSES OF DEATH

PYHSICIAN
OR CORONER

Primary	Uterine Haemorrhage	How long	3 hours
Immediate	valvular disease of heart	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ges. St. Gerane Md
		Address	Saratoga Md.
Accident or Suicide?			



Name
in
Full

Hester Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Birth-place	A. A. 60 -
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Leas Wilson		Father's Birthplace M.Y.		
Mother's Maiden Name	Remy Allen.		Mother's Birthplace "		
Name of person giving information	Dan'l Wilson		(38)	How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hemia, (Eclampsia Purpurea)* How long 24 hrs -

Immediate *Heart Failure* How long -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

J.W.B. Gantz
Milwaukee

Accident or Suicide?

M.Y.

